

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # M03000000809

1. Entity Name
KBC, LLC



Principal Place of Business
13161 TELFAIR AVE.
SYLMAR, CA 91342

Mailing Address
13161 TELFAIR AVE.
SYLMAR, CA 91342



01202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
95-4772299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZEPPIERI, RONALD M
3533 MERCY DR.
ORLANDO, FL 32808

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

U00000562378
05/19/06-80050-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KASHFIAN, PARVIZ 13161 TELFAIR AVE. SYLMAR, CA 91342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KASHFIAN, NADER 13161 TELFAIR AVE. SYLMAR, CA 91342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KASHFIAN, KEYHAN 13161 TELFAIR AVE. SYLMAR, CA 91342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to expedite this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

KEYHAN KASHFIAN, Member 5/01/06 (818) 562-2600