

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90029 015 \*\*\*\*50.00

**DOCUMENT # M04000004265**

1. Entity Name

KITTLEMAN & ASSOCIATES, LLC



Principal Place of Business

200 E. BROWARD BLVD.  
SUITE 1105  
FT LAUDERDALE FL 33301

Mailing Address

200 E. BROWARD BLVD.  
SUITE 1105  
FT LAUDERDALE FL 33301



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

36-3654636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUISO, JANE M  
200 E BROWARD BLVD.  
SUITE 1105  
FT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGR  
LUISO, JANE M  
STREET ADDRESS  
200 E BROWARD BLVD., SUITE 1920  
CITY ST-ZIP  
FT LAUDERDALE FL 33301

☐ Delete

TITLE  
NAME  
mgr.  
Luiso, Jane M.  
STREET ADDRESS  
200 E. Broward Blvd., Suite 1105  
CITY ST-ZIP  
Ft. Lauderdale, FL 33301

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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CITY ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1-18-07

954-712-1101