

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004385

Entity Name: KVA KBOX LLC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

162 SPYGLASS LANE
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

162 SPYGLASS LANE
JUPITER, FL 33477

New Mailing Address:

FEI Number: 99-0263106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEVIZOS, PETER
162 SPYGLASS LANE
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALEVIZOS, NANCY
Address: 162 SPYGLASS LANE
City-St-Zip: JUPITER, FL 33477

Title: MGR () Delete
Name: ALEVIZOS, MARCIA
Address: 162 SPYGLASS LANE
City-St-Zip: JUPITER, FL 33477

Title: MGR () Delete
Name: ALEVIZOS, ROBERT
Address: 162 SPYGLASS LANE
City-St-Zip: JUPITER, FL 33477

Title: MGR () Delete
Name: ALEVIZOS, PETER
Address: 162 SPYGLASS LANE
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER ALEVIZOS

MGRM

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date