

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90086 004 ****50.00

DOCUMENT # M05000004975

1. Entity Name
KIAN ACQUISITIONS, LLC



Principal Place of Business
**5335 FAWN WOODS COURT
SANFORD, FL 32771**

Mailing Address
**5335 FAWN WOODS COURT
SANFORD, FL 32771**



07042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3424693

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAKILLI, BABAK
5335 FAWN WOODS COURT
SANFORD, FL 32771

VAKILI

*Please correct
spelling*

**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]

(NOTE: Registered Agent signature required when reinstating)

7/5/06

DATE

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
VAKILLI, BABAK
5335 FAWN WOODS COURT
SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SAATCHI, ELAHEH J
5335 FAWN WOODS COURT
SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

7/5/06

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

Date

Daytime Phone #