

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001897

Entity Name: POLU KAI SERVICES, LLC

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1010 CREIGHTON ROAD  
PENSACOLA, FL 32504

## **New Principal Place of Business:**

6911 PISTOL RANGE RD, STE. 101E  
TAMPA, FL 33635 US

## **Current Mailing Address:**

115 HILLWOOD AVE.  
SUITE 106  
FALLS CHURCH, VA 22046

## **New Mailing Address:**

137 NORTH WASHINGTON STREET  
SUITE 301  
FALLS CHURCH, VA 22046 US

FEI Number: 57-1185956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

SOSA, JOSE J  
6911 PISTOL RANGE RD, STE. 101A  
TAMPA, FL 33635 US

## **Name and Address of New Registered Agent:**

SOSA, JOSE J  
6911 PISTOL RANGE RD, STE. 101E  
TAMPA, FL 33635 US

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: JOSE J SOSA

02/04/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: JENSEN, SEAN P  
Address: 137 NORTH WASHINGTON STREET, STE 301  
City-St-Zip: FALLS CHURCH, VA 22046 US

Title: EVP  
Name: SOSA, JOSE J  
Address: 6911 PISTOL RANGE RD, STE. 101E  
City-St-Zip: TAMPA, FL 33635 US

I hereby 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: SEAN P JENSEN

PRES

02/04/2010

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