

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001897

**Entity Name:** POLU KAI SERVICES, LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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. 101E  
TAMPA, FL 33635 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:** 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

01/05/2011

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