

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005090

FILED
Jul 24, 2009
Secretary of State

Entity Name: KEMMIU CONSULTING SEIRS GROUP LLC

Current Principal Place of Business:

297 KINGSBURY GRADE, SUITE D, BOX 4470
LAKE TAHOE, NV 89449

New Principal Place of Business:

297 KINGSBURY GRADE, SUITE 100
LAKE TAHOE, NV 89449

Current Mailing Address:

297 KINGSBURY GRADE, SUITE D, BOX 4470
LAKE TAHOE, NV 89449

New Mailing Address:

PO BOX 4470
LAKE TAHOE, NV 89449

FEI Number: 26-3679827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPITAL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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: SILVER STATE MANAGEMENT SERVICES LLC
Address: 297 KINGSBURY GRADE, SUITE D, BOX 4470
City-St-Zip: LAKE TAHOE, NV 89449

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEGUROS S.A.
Address: SEEFELDSTRASSE 69
City-St-Zip: CH-8008 ZÜRICH, SWITZERLAND, CH 99999 CH

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: SEGUROS S.A. BY: NEVIS CORP MGT SOLUTIONS MGR 07/24/2009

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