


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000088128 1. Entity Name 4105 KINGS, LLC |  |
|---|---|

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|--|--|
| Principal Place of Business 1075 16TH AVENUE VERO BEACH FL 32960 | Mailing Address 1075 16TH AVENUE VERO BEACH FL 32960 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E083 (10/06)

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 38-3719881 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent HAMEL, GERALD E 1075 16TH AVENUE VERO BEACH FL 32960 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|--|--|

| | |
|------------------|----------|
| State: FL | Zip Code |
|------------------|----------|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | Delete |
|------------------------------|---------------------|--------------------------|
| TITLE | MGRM | <input type="checkbox"/> |
| NAME | HAMEL, GERALD E | |
| STREET ADDRESS | 1075 16TH AVENUE | |
| CITY-STATE-ZIP | VERO BEACH FL 32960 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| 10. ADDITIONS/CHANGES | | Change | Addition |
|-----------------------|--------------------------|--------------------------|--------------------------|
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | U00000633247 | | |
| CITY-STATE-ZIP | 02/21/07-80055-006 50.00 | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 8 FEB 2007 772 978-9581

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