

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000093440 1. Entity Name K & S, LLC	
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Principal Place of Business 2261 S OLGA DR. FORT MYERS, FL 33905-7100	Mailing Address 2261 S OLGA DR. FORT MYERS, FL 33905-7100
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04252006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3803155	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LAMELY, RALPH 2261 S OLGA DR. FORT MYERS, FL 33905-7100
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMELY, RALPH 2261 S OLGA DR. FORT MYERS, FL 339057100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMELY, SHARRON 2261 S OLGA DR FORT MYERS, FL 33905
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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 *Ralph Lamely*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/06 *239-690-8398*
Date Daytime Phone #

Ralph Lamely