

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000183

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** H.K.L., L.C.

**Current Principal Place of Business:**

C/O HKL, LC  
411 OLD POST ROAD  
MADISON, GA 30650 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HKL, LC  
411 OLD POST ROAD  
MADISON, GA 30650 US

**New Mailing Address:**

**FEI Number:** 65-0728407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRASKER, PAUL A ESQUIRE  
KAW OFFICE OF PAUL A. KRASKER, PA  
225 S OLIVE AVE  
WEST PALM BEACH, FL 33401 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:** MGRM  
**Name:** SHEEHAN, KATRIN  
**Address:** %HKL, LC 411 OLD POST ROAD  
**City-St-Zip:** MADISON, GA 30650

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:** KATRIN SHEEHAN

MGRM

03/23/2010

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