

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020374

Entity Name: 42 K, L.L.C.**Current Principal Place of Business:**2920 MARY'S WAY
WEST PALM BEACH, FL 33410-1036**Current Mailing Address:**2920 MARY'S WAY
WEST PALM BEACH, FL 33410-1036 US**FEI Number:** 20-0319115**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLIOTT, RICHARD C
2920 MARY'S WAY
WEST PALM BEACH, FL 33410-1036 US*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**Authorized Person(s) Detail :**

Title	MGRM
Name	ELLIOTT, RICHARD C
Address	2920 MARY'S WAY
City-State-Zip:	WEST PALM BEACH FL 33410-1036

Title	MGRM
Name	ELLIOTT, GRANT A PHD
Address	255 EVERNIA STREET UNIT 1417
City-State-Zip:	WEST PALM BEACH FL 33401

Title	MGRM
Name	ELLIOTT, PATRICIA A
Address	2920 MARY'S WAY
City-State-Zip:	WEST PALM BEACH FL 33410-1036

Title	MGRM
Name	ELLIOTT, TUCKER S
Address	2920 MARY'S WAY
City-State-Zip:	WEST PALM BEACH FL 33410-1036

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. ELLIOTT

MGRM

02/03/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date