## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122955

Entity Name: HOUSE OF KLAUS, LLC

**Current Principal Place of Business:** 

14 CLAYTON LANE

#16

SANTA ROSA BEACH, FL 32459

## **Current Mailing Address:**

14 CLAYTON LANE

#16

SANTA ROSA BEACH, FL 32459 US

FEI Number: 26-1553590 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DRISCOLL, KLAUS V 25 SUNSET AVE

SANTA ROSA BEACH, FL 32459 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

**FILED** Apr 30, 2014

**Secretary of State** 

CC9450555941

## Authorized Person(s) Detail:

Title **MGRM** 

Title **MGRM** 

DRISCOLL, KLAUS V Name Name DRISCOLL, KLAUS V Address 14 CLAYTON LANE #16 Address 14 CLAYTON LANE # 16

SANTA ROSA BEACH FL 32459 City-State-Zip: SANTA ROSA BEACH FL 32459 City-State-Zip:

Title **MGRM** Title MGRM

DRISCOLL, KLAUS V Name DRISCOLL, KLAUS V Name 25 SUNSET AVE Address 25 SUNSET AVE Address

City-State-Zip: SANTA ROSA BEACH FL 32459 City-State-Zip: SANTA ROSA BEACH FL 32459

Title MGRM Title MGRM

Name DRISCOLL, KLAUS V Name DRISCOLL, KLAUS V Address 25 SUNSET AVE Address 25 SUNSET AVE

City-State-Zip: SANTA ROSA BEACH FL 32459 City-State-Zip: SANTA ROSA BEACH FL 32459

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: KLAUS DRISCOLL

**OWNER** 

04/30/2014