

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069795

**Entity Name:** KTED1, LLC

**Current Principal Place of Business:**

W26921 MESA LANE  
ARCADIA, WI 54612

**Current Mailing Address:**

PO BOX 186  
ARCADIA, WI 54612

**FEI Number:** 61-1655608

**Certificate of Status Desired:** No

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

RINGELSPAUGH, KEITH A  
3347 49TH STREET NORTH  
ST. PETERSBURG, FL 33710 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	WANEK, KAREN A	Name	TODD, WANEK R
Address	W26921 MESA LANE	Address	W26921 MESA LANE
City-State-Zip:	ARCADIA WI 54612	City-State-Zip:	ARCADIA WI 54612

Title MNGR  
Name HOLLOWAY, EDWARD  
Address 3604 DUKE FIRTH ST.  
City-State-Zip: LAND O LAKES FL 34638

*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:** KAREN A WANEK

MEMBER

01/09/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date