

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000146879

**Entity Name:** KLP VENTURES LLC

**Current Principal Place of Business:**

17203 BROWN RD.  
STE 101  
ODESSA, FL 33556

**FILED**  
**Mar 27, 2016**  
**Secretary of State**  
**CC2869109602**

**Current Mailing Address:**

17203 BROWN RD.  
STE 101  
ODESSA, FL 33556 US

**FEI Number:** 47-2662083

**Certificate of Status Desired:** No

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

IDEASPHERE PARTNERS, LLC  
17203 BROWN RD.  
STE 101  
ODESSA, FL 33556 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 MGR  
Name PAPAGEORGIOU, CHUCK K  
Address 17203 BROWN RD.  
City-State-Zip: ODESSA FL 33556

Title MGR  
Name KUNSMAN, KENNETH P  
Address 5104 KARLSBURG PLACE  
City-State-Zip: PALM HARBOR FL 34685

Title MGR  
Name LIMA, TIMOTHY O  
Address 3938 MORENO DRIVE  
City-State-Zip: PALM HARBOR FL 34685

*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:** TIMOTHY O. LIMA

**MGR**

**03/27/2016**

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

\_\_\_\_\_  
Date