

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90274 025 ****50.00

DOCUMENT # L01000001592

1. Entity Name

KTWIN HOLDINGS, LLC

Principal Place of Business

**320 COLONY POINT DRIVE SOUTH
ST. PETERSBURG FL 33705**

Mailing Address

**320 COLONY POINT DRIVE SOUTH
ST. PETERSBURG FL 33705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686079

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****KRUEGER, DANIEL W
320 COLONY POINT DRIVE SOUTH
ST. PETERSBURG FL 33705**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	KRUEGER, DANIEL W	320 COLONY POINT DRIVE SOUTH ST. PETERSBURG FL 33705	<input type="checkbox"/>
	MGRM	KRUEGER, DOUGLAS V	6701 ORDSALL STREET ALEXANDRIA VA 22315	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM	KRUEGER, DOUGLAS V	44025 PANDORA CT ASHBURN, VA 20147	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/02 703-777-9095

CR2E083 (9/01)