

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90054 005 \*\*\*\*50.00

0061622

**DOCUMENT # L01000013394**

1. Entity Name  
**K & K ENTERPRISES, L.L.C.**




Principal Place of Business  
**3886 HIDDEN ACRES CIRCLE  
NORTH FORT MYERS FL 33903**

Mailing Address  
**3886 HIDDEN ACRES CIRCLE  
NORTH FORT MYERS FL 33903**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0559507** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, KEVIN S**  
~~3886 HIDDEN ACRES CIRCLE~~  
~~NORTH FORT MYERS FL 33903~~  
**14017 Image Lake Ct.**  
**Fort Myers FL 33907**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	KING, KEVIN S	<del>3886 HIDDEN ACRES CIRCLE</del> 14017 Image Lake Ct.	<del>NORTH FORT MYERS FL 33903</del> Fort Myers FL 33907	<input type="checkbox"/>
MGRM	TWEHUES, THOMAS A	5025 COMPASS LANE	FORT MYERS BEACH FL 33931	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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]* **SIGNATURE:** *[Signature]* **KEVIN S KING** *Ruefner* **2-19-03** **239-931-0506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)