

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90027 003 \*\*\*\*50.00

**DOCUMENT # L01000018414**



1. Entity Name  
**KLS, LLC**

Principal Place of Business  
**5230 BIRMINGHAM DRIVE, #102  
NAPLES FL 34110**

Mailing Address  
**5230 BIRMINGHAM DRIVE, #102  
NAPLES FL 34110**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**KAUTZ, FRANK  
5230 BIRMINGHAM DRIVE, #102  
NAPLES FL 34110**

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 *Frank Kautz*  
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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM**  Delete  
NAME **KAUTZ, FRANK**  
STREET ADDRESS **5230 BIRMINHAM DR #102**  
CITY-ST-ZIP **NAPLES FL 34110**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Frank Kautz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*5-15-03*  
Date

*239-404-2296*  
Daytime Phone #

CR2E083 (10/02)

Attachment

10105417

~~#LD1000018414~~

DEAR SIR OR MADAM

Sorry for The Lateness  
of My Application. I Thought  
I HAD TILL JUNE 1<sup>st</sup> But  
I WAS WRONG, PLEASE Let  
ME KNOW IF THIS IS GOING  
TO CAUSE A PROBLEM FOR ME

THANK YOU

F. Kautz

J. Kautz

239-404-2296