


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019407		
1. Entity Name K & A, LLC		
Principal Place of Business KIPP WHALEY 342 GREEN DOLPHIN DRIVE PLACIDA FL 33946	Mailing Address KIPP WHALEY 342 GREEN DOLPHIN DRIVE PLACIDA FL 33946	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country



1st MOORE CR2E083 (10/04)

4. FEI Number 11-3660643		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
WHALEY, KIPP 342 GREEN DOLPHIN DRIVE PLACIDA FL 33946		
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 _____ (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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEY, KIPP	NAME	
STREET ADDRESS	342 GREEN DOLPHIN DRIVE	STREET ADDRESS	
CITY - ST - ZIP	PLACIDA FL 33946	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, ANDRES	NAME	000000213371
STREET ADDRESS	138 CREEK DRIVE	STREET ADDRESS	02/03/05-80066-021 50.00
CITY - ST - ZIP	PORT CHARLOTTE FL 33949	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(f), 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: Kipp Whaley 2-1-5

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