

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019407

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: K & A, LLC

**Current Principal Place of Business:**

KIPP WHALEY  
342 GREEN DOLPHIN DRIVE  
PLACIDA, FL 33946

**New Principal Place of Business:**

**Current Mailing Address:**

KIPP WHALEY  
342 GREEN DOLPHIN DRIVE  
PLACIDA, FL 33946

**New Mailing Address:**

FEI Number: 11-3660643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WHALEY, KIPP  
342 GREEN DOLPHIN DRIVE  
PLACIDA, FL 33946      US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: WHALEY, KIPP  
Address: 342 GREEN DOLPHIN DRIVE  
City-St-Zip: PLACIDA, FL 33946

Title: VP ( ) Delete  
Name: BENITEZ, ANDRES  
Address: 138 CREEK DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33949

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KIPP WHALEY

P

03/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date