

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000020302

1. Entity Name
K & K INVESTMENTS, LLC



Principal Place of Business
**2585 MONTEGO BAY BLVD.
KISSIMMEE FL 34746**

Mailing Address
**2585 MONTEGO BAY BLVD.
KISSIMMEE FL 34746**

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 **59-3754306**

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

**KNAPP, ARTHUR III
260 DONALD DRIVE
WINTER GARDEN FL 34787**

Name

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

501 BRILEY ST.

City

OAKLAND

FL

Zip Code

34760

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

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 **KNAPP, ARTHUR III**
STREET ADDRESS **260 DONALD DRIVE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☒ Change ☐ Addition
NAME **501 BRILEY ST.**
STREET ADDRESS **OAKLAND, FL 34760**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **LOBO, TIFFANY**
STREET ADDRESS **2585 MONTEGO BAY BLVD.**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **KRAMER, SCOTT**
STREET ADDRESS **511 EAST LAKE SUE AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

3-3-03

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90010 043 ****50.00



☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)