


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L01000022864 1. Entity Name KROON'S ENTERPRISES, LLC	
--	---

Principal Place of Business 6315 WOODHAVEN DRIVE LAKELAND, FL 33811	Mailing Address P.O. BOX 6412 LAKELAND, FL 33807-6412
---	---

DO NOT WRITE IN THIS SPACE



03052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0000731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VALENTI, JAMES C 1701 SOUTH FLORIDA AVE LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARIE KROON REVOCABLE TRUST DATED 5/4/90 P.O. BOX 6412 LAKELAND, FL 338076412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM M. GAIL KROON REVOCABLE TRUST DATED 5/4/90 P.O. BOX 6412 LAKELAND, FL 338076412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000861631 04/03/08-80016-017 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>M. Gail Kroon, M. Gail KROON, Managing Member</i> 3/6/08 863-616-9229	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>