

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022864

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** KROON'S ENTERPRISES, LLC

**Current Principal Place of Business:**

6315 WOODHAVEN DRIVE  
LAKELAND, FL 33811

**New Principal Place of Business:**

6315 WOODHAVEN DRIVE  
LAKELAND, FL 33811 UN

**Current Mailing Address:**

P.O. BOX 6412  
LAKELAND, FL 338076412

**New Mailing Address:**

**FEI Number:** 30-0000731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALENTI, JAMES C  
1701 SOUTH FLORIDA AVE  
LAKELAND, FL 33803 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: MGRM  
Name: ARIE KROON REVOCABLE TRUST DATED 5/4/90  
Address: P.O. BOX 6412  
City-St-Zip: LAKELAND, FL 338076412

Title: MGRM  
Name: M. GAIL KROON REVOCABLE TRUST DATED 5/4/90  
Address: P.O. BOX 6412  
City-St-Zip: LAKELAND, FL 338076412

I hereby 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: GAIL KROON

MGRM

02/01/2012

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