

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90138 029 ****50.00

DOCUMENT # L02000007655

1. Entity Name

KILIAN ENTERPRISES, L.L.C.



Principal Place of Business

C/O GEORGE L. KILIAN
16 YARDARM DRIVE
MASHPEE MA 02649

Mailing Address

133 LINKS OF LEIERT
WILLIAMSBURG VA 23188

2. Principal Place of Business

73 JAL HALLA DRIVE
Suite, Apt. #, etc.

3. Mailing Address

73 JAL HALLA DRIVE
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

So. YARMOUTH, MA.

Zip

02664

Country

USA.

City & State

So. YARMOUTH, MA.

Zip

02664

Country

USA.

4. FEI Number

20-0119478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KILIAN, GEORGE L
2162 W. TIGRIS DRIVE
WEST PALM BEACH FL 33411-5763

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

George L. Kilian

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/5/05

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME KILIAN, GEORGE L
STREET ADDRESS 133 LINKS OF LEITH
CITY-ST-ZIP WILLIAMSBURG VA 23188 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

George L. Kilian

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

2/5/05

Date

508-398-1918

Daytime Phone #