

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90021 010 \*\*\*\*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

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

**55053679**

2. Principal Place of Business

3. Mailing Address

**133 LINKS OF LOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**WILLIAMS BURG, VA.**

4. FEI Number

**20-0119478**

Applied For

Not Applicable

Zip

Country

Zip

Country

**23188**

**Same City City**

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

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

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)

**7/14/03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR. M.**  
**KILIAN GEORGE L.**  
**133 LINKS OF LOVE**  
**WILLIAMS BURG, VA. 23188**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Delete

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 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:

*George L. Kilian*

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

Date

**757-346-0944**

Daytime Phone

CR2E083 (4/03)