


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L02000010430 1. Entity Name K & R, LLC	
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Principal Place of Business  
918 RIDGEWOOD AVE.  
HOLLY HILL, FL 32117

Mailing Address  
918 RIDGEWOOD AVE.  
HOLLY HILL, FL 32117

**DO NOT WRITE IN THIS SPACE**

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04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
05-0573914

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PAQUIN, RAYMOND L  
918 RIDGEWOOD AVE.  
HOLLY HILL, FL 32117

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2004

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
PAQUIN, RAYMOND  
6170 MANGO AVE  
BUNNELL, FL 32117

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
SCHILLING, KENNETH  
503 CHURCH ST  
KOHLER, WI 53044

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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NAME  
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05/05/04-80029-016 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-29-04