

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90024 017 ****50.00

DOCUMENT # L02000010430

1. Entity Name
K & R, LLC



Principal Place of Business
918 RIDGEWOOD AVE.
HOLLY HILL, FL 32117

Mailing Address
918 RIDGEWOOD AVE.
HOLLY HILL, FL 32117

00001034



DO NOT WRITE IN THIS SPACE

03072006 No Chg-LLC

CR2E083 (11/05)

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

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PAQUIN, RAYMOND
STREET ADDRESS	6170 MANGO AVE
CITY - ST - ZIP	BUNNELL, FL 32117
TITLE	VP
NAME	SCHILLING, KENNETH
STREET ADDRESS	503 CHURCH ST
CITY - ST - ZIP	KOHLER, WI 53044
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X RAYMOND PAQUIN X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #