

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012059

Entity Name: KC SQUARED, LLC

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

6814 HOULTON CIR
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

6814 HOULTON CIR
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 01-0686814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUHARCIK, JOSEPH ESQ
1211 THE PLAZA
SINGER ISLAND, FL 33404 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/MEMBERS:

Title: MGRM () Delete
Name: KEENE, KEVIN
Address: 6814 HOULTON CIR
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM () Delete
Name: CORRENTE, WILLIAM
Address: 514 2ND AVE N
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGRM () Delete
Name: CRESPO, STEVE
Address: 4514 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CORRENTE, WILLIAM
Address: 418 PARK PLACE
City-St-Zip: WEST PALM BEACH, FL 33460 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM CORRENTE

MGRM

01/14/2005

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