2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

DOCUMENT # L02000013820 1. Entity Name K & A RESIDENTIAL AND COMMERCIAL SERVICES LLC					03-29-200)4 90553 036 ****.	50.00
Principal Plac	e of Business	Mailing Address					
	.TON AVENUE Cie, Fl. 34952	1902 SE FELTON AVENU PORT ST. LUCIE, FL. 349					
FUNI 31. LU	UIL, I L 34332	FORT ST. LOGIC, FL. 343	J.C.				IEEL IN ION
2. Principal Place of Business 1924 SE Felton Ave Suite, Apt. #, etc.		3. Mailing Address 1924 SE Fetlon Ave Suite, ADI. #, etc.		lve			
5000, Apt. #, 610.		Suite, Apr. #, etc.			03142004 Chg-LLC	CR2E083 (10/03)	
Port St Lycic, Fl		Port St Lucie, Fl		_	4. FEI Number Applied Fi 01-0699843 Not Applied Fi \$5.00 Additional		ot Applicable
- 3495	52 St. Lucie	34952	Country H. LUCIE	_	5. Certificate of Status Desired	See Require	ditional d
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New	Registered Agent	
KNOWLDEN, SCOTT ALTRES CHORAL							
1902 SE FELTON AVENUE A AARES 3 (New Yell Street Address (P.O. Box Number is Not Acceptable)							
PORT ST. LUCIE, FL 34952							
			City D	w	StLUGE	FL Zip Coo	260
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							
<u> </u>	alginitate, types of printed nation of registered agent a	The tropping of the second	registered rigorit anglitation	. 1043200 #			
Fi D	iling Fee is \$50.00 ue by May 1, 2004					ke check payable to da Department of Stat	e
9.	MANAGING MEMBER		10.	MER I		Change Change	
TITLE NAME	KNOWLDEN, SCOTT	☐ Delete			iden Scott	≥ unange	☐ Addition
STREET ADDRESS	1902 SE FULTON AVE		STREET ADDRESS	424	SE Felton Ave		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953			nac.	Saint Lucie FL		
TITLE NAME	MGRM ALLEN, CHRISTOPHER	☐ Delete	TITLE NAME A	111er	Christopher	C hange	☐ Addition
STREET ADDRESS	4549 SE DARLINGTON STREET		STREET ADDRESS	311 1	bowie street	211057	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		**	Port	Sauthur , F		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADORESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			·	
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME PROCES ADDRESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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 cath; 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.							
0 1152 1							
SIGNATURE: 3/6/04 772:370-9719 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylone Phone #							
	STATE AND ITEED ON PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	ula, ur au i ruhkled R	werneseN1	inity / /Date	Daytme Phone #	- 1