

FILED
Jul 24, 2003 8:00 am
Secretary of State

04-28-2003 90081 018 *****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013820			
1. Entity Name K & A RESIDENTIAL AND COMMERCIAL SERVICES LLC			
Principal Place of Business 1902 SE FELTON AVENUE PORT ST. LUCIE FL 34952		Mailing Address 1902 SE FELTON AVENUE PORT ST. LUCIE FL 34952	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0699843		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOWLDEN SCOTT 1902 SE FELTON AVENUE PORT ST. LUCIE FL 34952		7. Name and Address of New Registered Agent 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 <i>Scott W Knowlden</i>		4/29/03	
NOTE: Registered Agent signature required when submitting.			
FILE NOW!!! FEE IS \$50.00 USED CHECK PAYABLE TO Florida Department of State Due By May 1, 2003			
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member Scott W Knowlden 1902 SE Felton Ave Port St. Lucie, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member Scott Knowlden 1902 SE Felton Ave Port St. Lucie, FL 34952	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Member Christopher Allen 2311 SE Bowie St PSC FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Member Christopher Allen 4549 SW Darlington St Port St. Lucie, FL 34952	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(f), 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: <i>SCOTT W KNOWLDEN</i>		4/24/03 772-332-3150	
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 1, 2003

K & A RESIDENTIAL AND COMMERCIAL SERVICES LLC
1902 SE FELTON AVENUE
PORT ST. LUCIE, FL 34952

Subject: K & A RESIDENTIAL AND COMMERCIAL SERVICES LLC

Reference Number: L02000013820

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION

(*) We have made the correction to Christopher Allen and his title is Managing Member -
See attached