

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90079 020 \*\*\*\*50.00

**DOCUMENT # L02000017395**

1. Entity Name

KIRKEY PRODUCTS GROUP, LLC



Principal Place of Business

1920 BOOTHE CIR., SUITE 200  
LONGWOOD, FL 32750

Mailing Address

1920 BOOTHE CIR., SUITE 200  
LONGWOOD, FL 32750

**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

04-3703668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUGGIERO, STANLEY J JR.  
2924 CRYSTAL CREEK BLVD  
ORLANDO, FL 32837

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	RUGGIERO, STANLEY J
STREET ADDRESS	1920 BOOTHE CIR., SUITE 200
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	
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CITY-ST-ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/1/07

Date

407-331-5151

Daytime Phone #