2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # L02000022182

1. Entity Name
KING STREET HOLDINGS, LLC

Principal Place of Business	Mailing Address
343 KING STREET MYERSTOWN, PA 17067	343 KING STREET MYERSTOWN, PA 17067

01232008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2375359

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NEFF, MARK
16130 RIO DEL PAZ
DELRAY BEACH, FL 33446

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

UD00000843736
03/12/08-80007-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REILEY, BERNARD
STREET ADDRESS	28 S SPRUCE ST
CITY-ST-ZIP	LITITZ, PA 17543
TITLE	MGR
NAME	NEFF, MARK E
STREET ADDRESS	C/O 343 KING STREET
CITY-ST-ZIP	MYERSTOWN, PA 17067
TITLE	MGR
NAME	HERSHEY, MARLIN
STREET ADDRESS	C/O 343 KING STREET
CITY-ST-ZIP	MYERSTOWN, PA 17067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-28-08 712 866 9905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #