

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90005 029 ****55.00

DOCUMENT # L02000024217

1. Entity Name

K & R, LLC



Principal Place of Business

1675 SR 419
LONGWOOD FL 32750

Mailing Address

1675 SR 419
LONGWOOD FL 32750

2. Principal Place of Business

1985 S.R. 419

3. Mailing Address

1985 S.R. 419

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, Fla

City & State

Longwood, Fla

Zip

32750

Country

Zip

32750

Country

4. FEI Number

33-1022398

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ROMINGER, STEPHEN L
1675 SR 419
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **STEPHEN L. Rominger**

Street Address (P.O. Box Number is Not Acceptable)

1985 SR 419

City

Longwood

FL

Zip Code

32750

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROMINGER, STEPHEN L	
STREET ADDRESS	461 VALLEY STREAM DRIVE	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WILSON, CHARLIE ANN	
STREET ADDRESS	28633 CR 46-A	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KEELING, ALAN	
STREET ADDRESS	451 PINE HILL BLVD	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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 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: *CHARLIE ANN WILSON - MGR* 4-2-03 407-3235662

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

Date

Daytime Phone #

CR2E083 (10/02)