

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000029806

1. Entity Name
KKG OF SARASOTA, L.L.C.



Principal Place of Business
1258 NORTH PALM AVE.
SARASOTA, FL 34236

Mailing Address
1258 NORTH PALM AVE.
SARASOTA, FL 34236



05162005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
27-0035533

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABATE, TONY
240 S. PINEAPPLE AVE.
10TH FLOOR
SARASOTA, FL 34236

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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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME GITHLER, CHARLES E III
STREET ADDRESS 1258 N PALM AVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPD
NAME GITHLER, KIM
STREET ADDRESS 1258 N PALM AVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME KANE, STANLEY B
STREET ADDRESS 539 NORSOTA WAY
CITY-ST-ZIP SARASOTA, FL 34242

TITLE D
NAME KANE, DANIEL
STREET ADDRESS 614 S OWL DR
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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:

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

Date

Daytime Phone #