

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000003208

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** K L FAMILY ENTERPRISES, LLC

**Current Principal Place of Business:**

8890 WEST OAKLAND PARK BOULEVARD  
#202  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 030370  
FT LAUDERDALE, FL 33303

**New Mailing Address:**

**FEI Number:** 06-1673711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACK, WILLIAM R  
1700 NE 26 STREET  
SUITE 4  
WILTON MANORS, FL 33305 US

**Name and Address of New Registered Agent:**

CASEY, PATRICK B  
1700 NE 26 STREET  
SUITE 4  
WILTON MANORS, FL 33305 US

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.

SIGNATURE: PATRICK B. CASEY

02/02/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEWICKI, KRISTOF  
Address: P.O. BOX 030370  
City-St-Zip: FT LAUDERDALE, FL 33303

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KRISTOF LEWICKI

MGR

02/02/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date