

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000007249

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



FILED

2004 SEP 20 P 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08252004 Chg-LLC CR2E083 (10/03)

4. FEI Number
32-0062507

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABATE, TONY
2405 PINEAPPLE AVE, 10TH FL
SARASOTA, FL 34236

Name

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

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600041526866
10/01/04--01026--007 **50.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME WILLIS, ALAN
STREET ADDRESS 1258 N. PALM AVE
CITY-ST-ZIP SARASOTA, FL 34236 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Charles Githler, III Charles Githler, III, President 9/3/04 9419550323

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

Date

Daytime Phone #