

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000007249

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



Principal Place of Business
1258 NORTH PALM AVENUE
SARASOTA, FL 34236

Mailing Address
1258 NORTH PALM AVENUE
SARASOTA, FL 34236



05162005No Chg-LLC

CR2E083 (10/03)

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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

ABATE, TONY
2405 PINEAPPLE AVE, 10TH FL
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 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, 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)(f), 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 # _____