2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008243



FILED May 02, 2005 8:00 am Secretary of State

1. Entity Name K.C. INVESTIGATIONS & SPECIAL PROCESS SERVER, LLC					05-02-2005 90124 003 ****50.00				
Principal Place of Business 12771 NORTH AUTUMN SPRING COURT JACKSONVILLE, FL 32225 US		Mailing Address 12771 NORTH AUTUMN SPRING COURT JACKSONVILLE, FL 32225 US		1 1 4 8/18 (1 8/1 8/1	 Ibin B Illin Bajij (22); (22)	m osm osisi toli	- 1121 - 1122 - 1 11	1881 NN 18 7 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212005	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Number 02-0679				plied For at Applicable
Zip	Country	Zip	Country		<u> </u>	of Status Desired	<u> </u>	5.00 Add ee Required	
,	6. Name and Address of Current F	łegistered Agent	No		7. Name and A	Address of New R	tegistered A	gent	
TISSED DODISON DDOMAI NOM ISSM		Name		me		1			
ZISSER,ROBISON,BROWN,NOWLIS&M. ONE INDEPENDENT DRIVE SUITE 3306		Street Address		eet Address (F	(P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32202									
			City	У			FL	Zip Code	3
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered offi	ice or registere	ed agent, or both	, in the State of Flo	orida. Lam fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent as	and talle if applicable. (NOT	E: Registered Agent	t signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State					
9.	MANAGING MEMBER		10.			ADDITIONS			
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	CONRAN, KATHLEEN E 12771 NORTH AUTUMN SPRING	COURT	NAME STREET ADDE	RESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32225	, , , , , , , , , , , , , , , , , , , ,	CITY-ST-ZIP	į.		:			
TITLE	MGRM	Lefete	TITLE					Change	Addition
NAME	HUNTER, HEATHER L	·	NAME						
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32225	COURT	STREET ADDR						
TITLE	JOHOROOTT VILLE, 1 E UZZZO	Delete	TITLE	-	T			☐ Change	☐ Addition
NAME		LI Doloic	NAME						
STREET ADDRESS			STREET ADDR						
CiTY-ST-ZIP		П	CITY-ST-ZIP	'				70	
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET ADDR	iress				-	
CITY-ST-ZIP			CITY-ST-ZIP	P					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDE	IRESS					
CITY-ST-ZIP			CITY-ST-ZIP	1		:			
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET * DOOCESS			NAME STREET ADDE	MEGG					
- CHELL BUIDRESS			■ SIDELLOUSE	MEGO I					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	2					
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	on stated in Sec	ction 119.07(3)(i)	, Florida Statutes.	I further certi	fy that the in	iformation
11. I hereby a indicated	,	that my signature shall have	CITY-ST-ZP or the exemption the same legal	on stated in Sec al effect as if m	nade under oath;	that I am a manag	I further certi ging member	fy that the in or manage	nformation or of the
11. I hereby a indicated	certify that the information supplied with don this report is frue and accurate and	that my signature shall have	CITY-ST-ZP or the exemption the same legal	on stated in Sec al effect as if m	nade under oath;	that I am a manag	I further certi ging member	fy that the ir or manage	nformation of the
11. I hereby a indicated	certify that the information supplied with d on this report is frue and accurate and a ability company or the recent of trustee	that my signature shall have	CITY-ST-ZIP or the exemption the same legal report as requi	on stated in Sec al effect as if m	nade under oath;	that I am a manag	I further certi ging member	fy that the ir or manage	nformation of the