

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90426 038 \*\*\*\*50.00

DOCUMENT # L03000017826

1. Entity Name  
THE THREE K'S, LLC



Principal Place of Business  
20020 VETERAN'S BLVD., #5  
PORT CHARLOTTE, FL 33954

Mailing Address  
20020 VETERAN'S BLVD., #5  
PORT CHARLOTTE, FL 33954

20026513



2. Principal Place of Business  
417 COMMERCIAL CT.,  
Suite, Apt. #, etc.  
SUITE D

3. Mailing Address  
417 COMMERCIAL CT.  
Suite, Apt. #, etc.  
SUITE D

03292005 Chg-LLC CR2E083 (10/03)

City & State  
Venice, FL

City & State  
Venice, FL

4. FEI Number  
51-0466853  
Applied For  
Not Applicable

Zip Country  
34292 SARASOTA

Zip Country  
34292 SARASOTA

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

6. Name and Address of Current Registered Agent

KRAWCZYK, WILLIAM L  
20020 VETERAN'S BLVD., #5  
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

Name  
KRAWCZYK, WILLIAM L.  
Street Address (P.O. Box Number is Not Acceptable)  
417 COMMERCIAL CT.  
SUITE D  
City Venice FL Zip Code 34292

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

*William L. Krawczyk*

3-29-05  
DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME KRAWCZYK, WILLIAM L.  
STREET ADDRESS 20020 VETERAN'S BOULEVARD #5  
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 417 COMMERCIAL CT., SUITE D  
CITY-ST-ZIP Venice, FL 34292

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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 of 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-29-05 941-743-7171  
Date Daytime Phone #