

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90365 030 ****50.00

DOCUMENT # L03000026700

1. Entity Name
KALK, LLC



Principal Place of Business

**1015 MARCO DRIVE NE
ST. PETERSBURG, FL 33702 US**

Mailing Address

**1015 MARCO DRIVE NE
ST. PETERSBURG, FL 33702 US**

40113021



03282007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0495547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALMENGUAL, KATHRYN C
1015 MARCO DRIVE NE
ST. PETERSBURG, FL 33702**

**DO NOT WRITE
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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALMENGUAL, ALAN D
STREET ADDRESS	1015 MARCO DRIVE NE
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	MGRM
NAME	ALMENGUAL, KEVIN F
STREET ADDRESS	252 SUNLIT COVE DR. NE
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	MGRM
NAME	ALMENGUAL, LYNDIA N
STREET ADDRESS	19106 FORREST DRIVE
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	MGRM
NAME	ALMENGUAL, KATHRYN C
STREET ADDRESS	1015 MARCO DRIVE NE
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

KATHRYN C. ALMENGUAL **KATHRYN C. ALMENGUAL** 4/23/07 528-0850 (727)