2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026700

Entity Name: KALK, LLC

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete

ST. PETERSBURG, FL 33702 US

ALMENGUAL, KATHRYN C

1015 MARCO DRIVE NE

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
	O DRIVE NE SBURG, FL 33	3702	US					
Current Mailing Address:				New Mailing Address:				
1015 MARCO DRIVE NE ST. PETERSBURG, FL 33702 US								
FEI Number: 51-0495547		FEI Number Applied For ()		FEI Num	El Number Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
ALMENGUAL, KATHRYN C 1015 MARCO DRIVE NE ST. PETERSBURG, FL 33702 US								
The above r		bmits t	nis statement for the pu	irpose of	f changing it	s registere	d office or registered agent, or both	
SIGNATUR	E:							
Electronic Signature of Registered Agent				nt			Date	
MANAGING MEMBERS/MANAGERS:					ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGRM () D ALMENGUAL, ALA 1015 MARCO DR ST. PETERSBURG	AN D IVE NE	3702 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () D ALMENGUAL, KE' 252 SUNLIT COVI SAINT PETERSBU	VIN F E DR NE			Title: Name: Address: City-St-Zip:		(X) Change () Addition L, KEVIN F FOX PLACE FL 34219 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: KATHRYN C. ALMENGUAL MGRM 03/23/2009