

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045300

Entity Name: KSGS, L.L.C.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

602 TRAVERS AVENUE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

521 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-0442105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIERLING, W. GARY  
602 TRAVERS AVENUE  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHIERLING, W. GARY  
Address: 602 TRAVERS AVENUE  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: SHIERLING, KATHY C  
Address: 602 TRAVERS AVENUE  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: W. GARY SHIERLING

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date