

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000000139	
1. Entity Name C. KIESS PFLEEGOR, L.L.C.	

Principal Place of Business 15184 EAST LOCH ISLE DRIVE MIAMI LAKES, FL 33014-2085	Mailing Address 15184 EAST LOCH ISLE DRIVE MIAMI LAKES, FL 33014-2085
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01042005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0381862	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PFLEEGOR, C.KIESS 15184 EAST LOCH ISLE DRIVE MIAMI LAKES, FL 33014-2085	DO NOT WRITE IN THIS SPACE
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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 reinstalling)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PFLEEGOR, C. KIESS 15184 EAST LOCH ISLE DRIVE MIAMI LAKES, FL 330142085
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>C. Kiess Pfleegor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	<i>1/4/05</i> Date	<i>305-826-4211</i> Daytime Phone #
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