

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90039 040 \*\*\*\*50.00

**DOCUMENT # L04000000931**

1. Entity Name  
WALT KANYER ENTERPRISES, L.L.C.



Principal Place of Business  
35920 STATE ROAD 54  
ZEPHYRHILLS, FL 33941 US

Mailing Address  
35920 STATE ROAD 54  
ZEPHYRHILLS, FL 33941 US



2. Principal Place of Business - No P.O. Box #  
35364 State Road 54  
Suite, Apt. #, etc.

3. Mailing Address  
35364 State Road 54  
Suite, Apt. #, etc.

07122007 Chg-LLC CR2E083 (12/06)

City & State  
Zephyrhills, FL  
Zip Country  
33541 US

City & State  
Zephyrhills, FL  
Zip Country  
33541 US

4. FEI Number  
27-0075649

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
VARNELL, THOMAS E  
23106 STATE ROAD 54  
LUTZ, FL 33549

7. Name and Address of New Registered Agent  
Name John E. Henson, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
5315 Eighth Street  
City Zephyrhills FL Zip Code 33542

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]* (NOTE: Registered Agent signature required when reconstituting) DATE 7/12/07

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANYER, WALTER S JR. 35920 STATE ROAD 54 ZEPHYRHILLS, FL 33941 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRM Kanyer, Walter S, Jr 35364 State Road 54 Zephyrhills FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE 7/12/07 (813) 788-5405

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE