

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000001532**



1. Entity Name

KCT ENTERPRISES, L.L.C.

Principal Place of Business

40 INDIAN SPRINGS DRIVE  
ORMOND BEACH FL 32174

Mailing Address

40 INDIAN SPRINGS DRIVE  
ORMOND BEACH FL 32174



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUSSMAN, PAMELA R  
40 INDIAN SPRINGS DRIVE  
ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME PRES  
SUSSMAN, PAMELA R PRES  
STREET ADDRESS 40 INDIAN SPRINGS DRIVE  
CITY-STATE-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
U000000501833  
01/26/07-80065-017 50.00

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Pamela R. Suessman*

1/22/07 386 6724698

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

Date

Daytime Phone #