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May 04, 2006 8:00 am
Secretary of State

05-04-2006 90020 036 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000017432

1. Entity Name
KING & COMPANY, LLC.

Principal Place of Business	Mailing Address
7533 WINDING WAY TIPP CITY, OH 45371 US	7533 WINDING WAY TIPP CITY, OH 45371 US

01122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
554 PRIMROSE LN.	554 PRIMROSE LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TIPP CITY, OH	City & State: TIPP. CITY OH
Zip: 45371 Country: USA	Zip: 45371 Country: USA

4. FEI Number: 20-0824861 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PEMBROKE, WILLIAM
8517 SOUTH US 1
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, KEVIN 7533 WINDING WAY TIPP CITY, OH 45371	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 554 PRIMROSE LANE TIPP CITY OH 45371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, KIMBERLY 7533 WINDING WAY TIPP CITY, OH 45371	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 554 PRIMROSE LANE TIPP CITY OH 45371
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 5-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #