

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024256

Entity Name: KCD, LLC

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

4338 3RD ST LANE N.W.
HICKORY, NC 28601

New Principal Place of Business:

Current Mailing Address:

4338 3RD ST LANE N.W.
HICKORY, NC 28601

New Mailing Address:

FEI Number: 20-0897537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREGORY, C. NEIL ESQ
TRIANON CENTRE, THIRD FLOOR
850 PARK SHORE DR.
NAPLES, FL 34103 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: ELLER, MARY CATHERINE
Address: 4338 THIRD STREET LANE NW
City-St-Zip: HICKORY, NC 28601

Title: MGRM () Delete
Name: ELLER, DOUGLAS A
Address: 4338 THIRD STREET LANE NW
City-St-Zip: HICKORY, NC 28601

Title: MGRM () Delete
Name: THOMAS, MARY KIM
Address: 8181 HEWES PL
City-St-Zip: INDIANAPOLIS, IN 46250

ADDITIONS/CHANGES:

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

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: MARY CATHERINE ELLER

MGRM

03/09/2009

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