

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035521

FILED
May 18, 2009
Secretary of State

Entity Name: K.L. CONSTRUCTION LIMITED LIABILITY COMPANY.

Current Principal Place of Business:

4048 WESTMINSTER DR.
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

4048 WESTMINSTER DR
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 30-0247949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LARSON, DINA K
4048 WESTMINSTER DR
SARASOTA, FL 34241 US

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: P () Delete
Name: LARSON, KEVIN L SR.
Address: 1920 BARSTOW PL
City-St-Zip: SARASOTA, FL 34235

Title: VP () Delete
Name: FRICKE, BILL M MR
Address: 6547 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: VPJR (X) Delete
Name: PHELPS, DOUG
Address: 4048 WESTMINSTER DR
City-St-Zip: SARASOTA, FL 34241

Title: MGR (X) Delete
Name: PHELPS, DOUGLAS
Address: 1520 EWING ST.
City-St-Zip: NOKOMIS, FL 34275

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:

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: /KEVIN L. LARSON SR./

P

05/18/2009

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