2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 03, 2005 8:00 am Secretary of State

DOCUMENT # L04000037070 1. Entity Name KREEOS, LLC							02-03-2003	5 90112 046 *	***50.00	
Principal Plac 3531 VALLE LAKELAND, F	Y TRAIL	5	Mailing Address P.O. BOX 195 KATHLEEN, FL 3384	3			1 92 819 82 83 86	'. 	21) 	
2. Principal P	lace of Busin	ess	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E083 (10/	'03)	
City & State			City & State	City & State			093592		Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry		e of Status Desired	□ \$5.00 Fee Re	Additional quired	
	6. Name	and Address of Curr	ent Registered Agent				7. Name and Address of New Registered Agent			
RICE, LAURIE B 3531 VALLEY TRAIL LAKELAND, FL 33810					Street Address	(P.O. Box Numl	ber is Not Acceptable	Ce)		
	ar areas				City La	koland	<u> rail</u> 	FL Zip	Code 33810	
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 Spracure: 30 or proted name of registered agent and title if a folicable (NOTE, Registered Agent signature required when reinstating) DATE										
	Signature, 2004	or printed name of registered a	igent and little if applicable. (NC	IIF, Registere	ed Agent signature require	id when reinstalling)	1	DATE		
Filing Fee is \$50.00 Due by May 1, 2005								e check payable a Department of		
9.	••	MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGR		☐ Delete	☐ Delete TITL				☐ Cha	inge 🔲 Addition	
NAME	RICE, BR			NAME						
STREET ADDRESS CHY-ST ZIP	l	LEY TRAIL ID, FL 33810		STR CIT					1	
TOTLE	MGRM		☐ Delete	TITLE				☐ Cha	ange 🔲 Addition	
NAME	IVEY, KERWIN S			NAM	ME	•				
SIREET ADDRESS CITY-ST ZIP	1	LEY TRAIL ID. FL 33810		CITY						
THILE	MGRM		🗷 Delete					Cha	ange 🔲 Addition	
NAME STREET ADDRESS	RICE, LA	URIE B LEY TRAIL		NAM STR	AE Eet address					
CITY-ST-ZIP	!	D, FL 33810		4	(-SI-ZIP					
TOLE	MGRM	·	☐ Oelete	ŢΙΤΙ	E			☐ Cha	ange 🔲 Addition	
NAME STREET ADDRESS	DODSON	, ERIC D LEY TRAIL		NAN CER	AE EE1 ADORESS					
CITY-ST-ZIP	i	ID, FL 33810			-ST-ZIP					
TITLE			☐ Delete	Ţιτι	E			Chi	ange 🗀 Addition	
NAME				AAM	I					
STREET ADDRESS CITY-ST-ZIP		· ,	i		EET ADORESS /-ST-ZIP					
111LE			. — - □ Delete	TOTAL	E			🗀 Ch	ange 🔲 Addition	
NAME		· ·		NAN CID		· <u>-</u> -				
STREET ADDRESS CITY-ST-ZIP 2 **	1.50	. 45			EET ADDRESS 7-S1-ZIP	-				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.										
minicos industry company or the receiver or trustee empowered to execute this report as required by Oriapter 600, Fibrida Statutes.										
SIGNATURE: E Para Bryan E. Rice CEO 1-31-05 (863)255-6809 SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Prone #										