## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056895

Entity Name: KING 205, L.L.C.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

205 WEST KING ST **UNIT B** 

ST. AUGUSTINE, FL 32084

**New Mailing Address: Current Mailing Address:** 

205 WEST KING ST **UNIT B** 

ST. AUGUSTINE, FL 32084

FEI Number: 41-2148259 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERRELL, DOUGLAS FERRELL, DOUGLAS A 209 WEST KING STREET 205 WEST KING STREET **UNIT B UNIT B** 

ST. AUGUSTINE, FL 32084 US ST. AUGUSTINE, FL 32084 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: DOUGLAS A. FERRELL 04/27/2009

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM () Delete FERRELL, DOUGLAS Name: Address: 4245 WICKS BRANCH RD

City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: (X) Delete Name: FERRELL, GINGER M

Address: 16 ARENTA ST City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: MGRM

ADDITIONS/CHANGES:

(X) Change ( ) Addition FERRELL, DOUGLAS A Name: Address: 4245 WICKS BRANCH RD City-St-Zip: SAINT AUGUSTINE, FL 32086

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: DOUGLAS A. FERRELL **MGRM** 04/27/2009