

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069356

Entity Name: K.C. & K.C., LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1001 11TH AVE. W.
BRADENTON, FL 34205

New Principal Place of Business:

225 21ST ST. W
BRADENTON, FL 34205

Current Mailing Address:

PO BOX 3319
SARASOTA, FL 34230

New Mailing Address:

PO BOX 1845
BRADENTON, FL 34206

FEI Number: 20-1709085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRILLO, KATHLEEN
1001 11TH AVE. W.
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

CARRILLO, KATHLEEN
225 21ST STREET W.
BRADENTON, FL 34205 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:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARRILLO, KATHLEEN
Address: 1001 11TH AVE. W.
City-St-Zip: BRADENTON, FL 34205

Title: MGRM () Delete
Name: MARCUS, ANDREW
Address: 1001 11TH AVE. W.
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARRILLO, KATHLEEN
Address: 225 21ST STREET W.
City-St-Zip: BRADENTON, FL 34205

Title: MGRM (X) Change () Addition
Name: MARCUS, ANDREW
Address: 225 21ST STREET W
City-St-Zip: BRADENTON, FL 34205

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: KATHLEEN CARRILLO

MGR

04/28/2008

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