

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000088128

1. Entity Name

4105 KINGS, LLC



Principal Place of Business

1075 16TH AVENUE
VERO BEACH FL 32960

Mailing Address

1075 16TH AVENUE
VERO BEACH FL 32960



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

38-3719881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMEL, GERALD E
1075 16TH AVENUE
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME: MGRM ☐ Delete
STREET ADDRESS: HAMEL, GERALD E
CITY-STATE-ZIP: 1075 16TH AVENUE
VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: U00000633247
CITY-STATE-ZIP: 02/21/07-80055-006 50.00

TITLE ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE ☐ Delete
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STREET ADDRESS:
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TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP:

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8 FEB 2007 772 978-9581