

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008409

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: HKL, LLC

**Current Principal Place of Business:**

5499 AVON PARK COURT  
#201  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

1318 LAFAYETTE ST  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 20-2225344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HILL, THOMAS W  
1318 LAFAYETTE ST  
CAPE CORAL, FL 33904 US

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

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: MGMR ( ) Delete  
Name: LUTZ, RENATE B  
Address: 5499 AVON PARK CT.,#201  
City-St-Zip: FORT MYERS, FL 33912 US

Title: GR ( ) Delete  
Name: THOMAS, LUTE  
Address: 5499 AVON PARK CT. #201  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: GR (X) Change ( ) Addition  
Name: THOMAS, LUTZ  
Address: 5499 AVON PARK CT. #201  
City-St-Zip: FORT MYERS, FL 33912

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: RENATE LUTZ

MGMR

02/17/2009

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