

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-17-2006 90020 028 ****50.00

DOCUMENT # L05000014933 1. Entity Name KLOM, LLC					
Principal Place of Business 2038 BEACH AVE. ATLANTIC BEACH FL 32233				Mailing Address 2038 BEACH AVE. ATLANTIC BEACH FL 32233	
2. Principal Place of Business 910 11th Ave. S.		3. Mailing Address 910 11th Ave. S.		 1st MOORE CR2E083 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville Beach FL		City & State Jacksonville Beach FL			
Zip 32250		Zip 32250			
Country USA		Country USA		4. FEI Number 20-2419508	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LAMBERTSON, CHRISTOPHER D 2038 BEACH AVE. ATLANTIC BEACH FL 32233				7. Name and Address of New Registered Agent 910 11th Ave. S. Jacksonville Beach, FL 32250	
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.				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBERTSON, CHRISTOPHER D 2038 BEACH AVE. ATLANTIC BEACH FL 32233	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgrm Lambertson, Christopher 910 11th Ave. S. Jacksonville Beach, FL 32250	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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			1/24/06 Date Daytime Phone #		