

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000024869

1. Entity Name
KLF, LLC



Principal Place of Business
4988 NW 119 TERRACE
CORAL SPRINGS, FL 33076

Mailing Address
4988 NW 119 TERRACE
CORAL SPRINGS, FL 33076



05212007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
75-3190419

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERLISE, PERRY
4988 NW 119 TERRACE
CORAL SPRINGS, FL 33076

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IN THIS SPACE**

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 re-registering)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FERLISE, PERRY
STREET ADDRESS	4988 NW 119 TERRACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	MGRM
NAME	FERLISE, GERALYN
STREET ADDRESS	4988 NW 119 TERRACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #