2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# L05000031320

Entity Name: K SQUARED LLC

Current Principal Place of Business:

3753 ALDERGATE PLACE
CASSELBERRY, F 32707

New Principal Place of Business:

Current Mailing Address:

3753 ALDERGATE PLACE
CASSELBERRY, F 32707

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, EDWARD J
3753 ALDERGATE PLACE
CASSELBERRY, FL 32707 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: MGR ( ) Delete
Name: KLEIN, EDWARD J
Address: 3753 ALDERGATE PLACE
City-St-Zip: CASSE;BERRY, FL 32707

Title: MGR ( ) Delete
Name: KHANER, JAMES A
Address: 5331 OAK COURT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: KHANER, JAMES A
Address: 100 SEVILLE CHASE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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: EDWARD J. KLEIN MGR 04/04/2009

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