2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# L05000048192

Entity Name: KLK, LLC

Current Principal Place of Business:

1902 MOFID LANE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

1902 MOFID LANE
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 20-2927885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OLSON, GREGORY C
1902 MOFID LANE
PORT ORANGE, FL 32128 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: MGRM ( ) Delete
Name: FRAWLEY, DONALD
Address: 35 LOUISANA STREET
City-St-Zip: LONG BEACH, NY 11561

Title: MGRM ( ) Delete
Name: FRAWLEY, TIMOTHY
Address: 209 N. ATLANTA AVE.
City-St-Zip: MASSAPEQUA, NY 11758

Title: MGRM ( ) Delete
Name: FRAWLEY, PATRICIA
Address: 840 JEFFERSON STREET
City-St-Zip: BALDWIN HARBOR, NY 11510

ADDITIONS/CHANGES:

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

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

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

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: DONALD W. FRAWLEY MGRM 07/25/2008

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