

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048192

FILED  
Feb 26, 2009  
Secretary of State

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 ( )

**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 LOUISIANA 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

02/26/2009

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