

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052491

Entity Name: KLS & ASSOCIATES, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6003 KIPPS COLONY DR E.  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

6003 KIPPS COLONY DR E.  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: 54-2174843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SORENSEN, KEVIN  
6003 KIPPS COLONY DR E.  
GULFPORT, FL 33707 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  
Name: SORENSON, KEVIN  
Address: 6003 KIPPS COLONY DR E.  
City-St-Zip: GULFPORT, FL 33707

Title: MGRM  
Name: SORENSON, LORI B  
Address: 6003 KIPPS COLONY DR. E.  
City-St-Zip: GULFPORT, FL 33707

I hereby 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: LORI SORENSON

MNGR

04/19/2011

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