

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90232 034 ***138.75

DOCUMENT # L05000054597

1. Entity Name
KRF 15477 ADMIRALTY, LLC



Principal Place of Business
**C/O KIM ROBERT FODOR
926 PINE TREE ROAD WEST
LAKE ORION, MI 48362**

Mailing Address
**C/O KIM ROBERT FODOR
926 PINE TREE ROAD WEST
LAKE ORION, MI 48362**

60020417



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-2998339

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROMANOFF, BURTON M
C/O BURTON M. ROMANOFF
1990 MAIN STREET, SUITE 700
SARASOTA, FL**

7. Name and Address of New Registered Agent

Name **JOHNSON S. SAVARY, JR., ESQ**

Street Address (P.O. Box Number is Not Acceptable)

1990 MAIN STREET, STE. 700

City **SARASOTA**

FL

Zip Code **34236**

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 reinstating)

DATE

Johnson S. Savary, Jr.

3-21-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FODOR, KIM R
926 PINE TREE ROAD WEST
LAKE ORION, MI 48362** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kim Robert Fodor

Kim Robert Fodor

3/21/08

1-313-215-8902