

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000056759

1. Entity Name

KC AVERY ENTERPRISES, LLC



Principal Place of Business

3761 GOGGIN ROAD
ALVA FL 33920

Mailing Address

3761 GOGGIN ROAD
ALVA FL 33920

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0848029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JOHN M
8911 DANIELS PARKWAY
SUITE 6
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME: MGRM ☐ Delete
STREET ADDRESS: AVERY, KIM C
CITY- ST- ZIP: 3761 GOGGIN ROAD
ALVA FL 33920

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

10. ADDITIONS/CHANGES

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: U00000674587
CITY- ST- ZIP: 03/29/07-80076-001 50.00

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kim Avery

Kim Avery

3/19/07

239-481-5357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #