

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000058742

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** KDS, LLC

**Current Principal Place of Business:**

2 FAIRPOINT PLACE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

2 FAIRPOINT PLACE  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 74-3150410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIELDS, SHEBBIE  
2 FAIRPOINT PLACE  
GULF BREEZE, FL 32561 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:** FRATES, KELLY  
**Address:** 1014 DENROCK  
**City-St-Zip:** DALHART, TX 79022

**Title:** MGRM  
**Name:** LASATER, DOUGLAS  
**Address:** 7399 JUDGE MCCALL DR  
**City-St-Zip:** MILTON, FL 32570

**Title:** MGRM  
**Name:** SHIELDS, SHEBBIE  
**Address:** 2 FAIRPOINT PLACE  
**City-St-Zip:** GULF BREEZE, FL 32561

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:** SHEBBIE SHIELDS

MGRM

02/29/2012

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