

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000061218

1. Entity Name
KRT ENTERPRISES, L.L.C.



Principal Place of Business

**P.O. BOX 706
MADISON, FL 32340**

Mailing Address

**P.O. BOX 706
MADISON, FL 32340**

DO NOT WRITE IN THIS SPACE



07052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3029147

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, REGINA
3172 SW S.R. 14
MADISON, FL 32340**

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IN THIS SPACE**

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 *Regina Thompson*
Signature, typed or printed name of registered agent and title if applicable

7/5/07
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THOMPSON, KEITH
STREET ADDRESS	3172 SW S.R. 14
CITY-ST-ZIP	MADISON, FL 32340
TITLE	MGR
NAME	THOMPSON, REGINA
STREET ADDRESS	3172 SW S.R. 14
CITY-ST-ZIP	MADISON, FL 32340
TITLE	MGRM
NAME	THOMPSON, VICTORIA
STREET ADDRESS	11915 BOARDWALK DR, APT.3612C
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	MGRM
NAME	THOMPSON, DARYL
STREET ADDRESS	18812 41ST. ROAD N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000767667
07/10/07-80013-020 50.00

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IN THIS SPACE**

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: *Regina Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/5/07
Date

407 399 2696
Daytime Phone #