2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000077815

1. Entity Name
K1 SOLUTIONS LLC

Principal Place of Business	Mailing Address
874 YELLOW PINE AVENUE ROCKLEDGE, FL 32955	874 YELLOW PINE AVENUE ROCKLEDGE, FL 32955

DO NOT WRITE IN THIS SPACE

08182008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
16-1729474	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FL
MIAMI, FL 33145

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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 X __Krista Cohen__   8/26/08
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000958702
09/02/08-80002-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COHEN, KRISTA
STREET ADDRESS	874 YELLOW PINE AVENUE
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	MGR
NAME	COHEN, GORDON
STREET ADDRESS	874 YELLOW PINE AVENUE
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: X __Krista Cohen__ 8/26/08 321-638-8971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #