

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

150w
9-1506

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 14 AM 11:14

DOCUMENT # L05000080954	
1. Entity Name KRELIOTT LLC	

Principal Place of Business 1681 WICHITA BLVD. SE PALM BAY, FL 32909 US	Mailing Address 1681 WICHITA BLVD. SE PALM BAY, FL 32909 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07072006 Chg-LLC CR2E083 (11/05)

4. FEI Number	☐ Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139
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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 reconstituting)	DATE _____
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Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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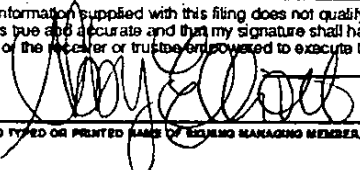
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELLIOTT, KEVIN R 1681 WICHITA BLVD. SE PALM BAY, FL 32909 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELLIOTT, ABBY 1681 WICHITA BLVD. SE PALM BAY, FL 32909 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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REINSTATEMENT 2006

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 606, Florida Statutes.

SIGNATURE: 	07-07-06	321-724-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #