

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084841

Entity Name: KNG ENTERPRISES, LLC

FILED  
Jan 11, 2008  
Secretary of State

**Current Principal Place of Business:**

4300 LEGENDARY DRIVE, SUITE 220  
DESTIN, FL 32541

**New Principal Place of Business:**

3997 COMMONS DRIVE W STE N  
DESTIN, FL 32541

**Current Mailing Address:**

4300 LEGENDARY DRIVE, SUITE 220  
DESTIN, FL 32541

**New Mailing Address:**

3997 COMMONS DRIVE W STE N  
DESTIN, FL 32541

FEI Number: 20-3400680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NELSON, GALE L  
58 BALLAMORE  
MIRAMAR BEACH, FL 32550 US

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

NELSON, KELLY T  
58 BALLAMORE  
MIRAMAR BEACH, FL 32550 US

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: KELLY NELSON

01/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NELSON, KELLY T  
Address: 58 BALLAMORE  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM (X) Delete  
Name: NELSON, GALE L  
Address: 58 BALLAMORE  
City-St-Zip: MIRAMAR BEACH, FL 32550

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KELLY NELSON

MGRM

01/11/2008

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