

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000085392

1. Entity Name  
KLZ, LLC



Principal Place of Business  
4743 NORTH US HIGHWAY 441  
LAKE CITY, FL 32055

Mailing Address  
P.O. BOX 2954  
LAKE CITY, FL 32055



01292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4306692

Applied For  
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 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ZUCCOLA, KIM
STREET ADDRESS	4743 NORTH US HIGHWAY 441
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	MGR
NAME	ZUCCOLA, LORI
STREET ADDRESS	4743 NORTH US HIGHWAY 441
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	S
NAME	ZUCCOLA, LORI
STREET ADDRESS	4743 NORTH US HIGHWAY 441
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	T
NAME	ZUCCOLA, KIM
STREET ADDRESS	4743 NORTH US HIGHWAY 441
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000815860  
02/07/07-80005-003 50.00

**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: Kim Zuccola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-28-07

386-867-1106