

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90170 035 ****50.00

DOCUMENT # L05000094426

1. Entity Name
K & S SRQ LLC



Principal Place of Business
15 PARADISE PLAZA
SUITE 188
SARASOTA, FL 34239

Mailing Address
15 PARADISE PLAZA
SUITE 188
SARASOTA, FL 34239

60014090



2. Principal Place of Business

3. Mailing Address

2558 MARBLEHEAD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

SARASOTA, FL

4. FEI Number

51-0555285

Applied For

Not Applicable

Zip

Country

Zip

34231

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMANSKI, KATHEY
15 PARADISE PLAZA
SUITE 188
SARASOTA, FL 34239

Name

Street Address (P.O. Box Number is Not Acceptable)

2558 MARBLEHEAD DR

City

SARASOTA

FL

Zip Code

34231

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SCHMANSKI, KATHEY
STREET ADDRESS 15 PARADISE PLAZA
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PHYLLIS KIRTLEY
STREET ADDRESS 2558 MARBLEHEAD DR
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Change ☐ Additio
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Additio
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STREET ADDRESS
CITY-ST-ZIP

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:

Phyllis Kirtley