**ANNUAL REPORT** 

DOCUMENT #L05000094986

1. Entity Name K & A RESOURCES, LLC

Jan 1

Principal Place of Business 210 UTOPIA CIRCLE MERRITT ISLAND, FL 32952 Mailing Address 210 UTOPIA CIRCLE MERRITT ISLAND, FL 32952



ITTLE MARN MANN, NANCY A STREET ADDRESS 210 UTOPIA CIRCLE GITY-ST-ZIP MERRITT ISLAND, FL 32952  TITLE MANN, KARAMVIR S STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS GITY-ST-ZIP  TITLE			. 21			
S. Name and Address of Current Registored Agent  COLEMAN, C. RANDOLPH 8250 BAYMISADOWS RD. SUITE 430 JACKSONVILLE, FL 32256  8. The above named antity submits his statument for the purpose of changing its registered office or registered agent, or both, in the Statu of Fords. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  MANA STATE  MANA MARCY A 2017 Chapter of Agent Stratus Desired agent and the first status of the ford agent.  SIGNATURE  SIGNATURE  MANA MARCY A 2017 Chapter of Agent Stratus desire intended of the intended of th			0E	01072007 No Chg-LLC	CR2E083 (11/05)	
S. Name and Address of Current Registered Agent  COLEMAN, C. RANDOLPH SZ50 BAYMEADOWS RD. SUITE 450 JACKSONVILLE, FL 32256  S. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the both of registered agent, or both, in the State of Forida. I am familiar with, and accept the both of registered agent, or both, in the State of Forida. I am familiar with, and accept the both of registered agent, or both, in the State of Forida. I am familiar with, and accept the both of registered agent, or both, in the State of Forida. I am familiar with, and accept the both of registered agent, or both, in the State of Forida. I am familiar with, and accept agent a	DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent  COLEMAN, C. RANDOLPH 9250 BAYMEADOWS RD. SUITE 450 JACKSONVILLE, FL 32256  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Supplementary					\$5.00 additional	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  MARK  MANN, NANOYA  MANN, NANOYA  MANN, NANOYA  MANN, NANOYA  MANN, NANOYA  MANN, NANOYA  MANN, NAROYA  SIGNATURE  MARK  MANN, KARAMVIR S  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  IN THIS SPACE  THE  IN THIS SPACE  THE  IN THIS SPACE  11. Iteratory certify that the information supplied with this filing does not qualify for the exemptions contained in Coapter 119, Parieta Statutes. I further certify that the information immitted is allely company or the receiver or trustee empowered to execute this report as required by Chapter 038, Florida Statutes.						
the obligations of registered agent.  SIGNATURE  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS  TITLE  MARK  MANN, NANCY A  STREET ADDRESS  CITY-97-2P  THE  MARK  MANN, KARAMVIR S  STREET ADDRESS  CITY-97-2P  THE  INAME  STREET ADDRESS  CITY-97-2P	JACKSONVILLE, FL 32258		IN THIS SPACE			
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent Signature required when revisations)   DATE						
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SIGNATURE: Many C. Mann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

321-957-0717