

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102025

Entity Name: KC LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

481 CALOOSA ESTATES DRIVE
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 407
ALVA, FL 33920

New Mailing Address:

FEI Number: 20-5483387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YODER, J.E.
2202 ISLE OF PINES AVENUE
FT. MYERS, FL 33905 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YODER, DAVID
Address: 481 CALOOSA ESTATES DRIVE
City-St-Zip: LABELLE, FL 33935

Title: MGRM () Delete
Name: KATHY SUE FOSTER,
Address: 481 CALOOSA ESTATES DRIVE
City-St-Zip: LABELLE, FL 33935

Title: MGRM () Delete
Name: CYNTHI LOU WAGNER,
Address: 481 CALOOSA ESTATES DRIVE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES:

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

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 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: KATHY SUE FOSTER, PRESIDENT

MGRM

04/11/2007

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