2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102025

Entity Name: KC LLC

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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481 CALOOSA ESTATES DRIVE LABELLE, FL 33935

Current Mailing Address: New Mailing Address:

P.O. BOX 407 481 CALOOSA ESTATES DRIVE ALVA, FL 33920 LABELLE, FL 33935

FEI Number: 20-5483387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

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

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 YODER, DAVID
 Name:

 Address:
 481 CALOOSA ESTATES DRIVE
 Address:

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 KATHY SUE FOSTER,
 Name:

 Address:
 481 CALOOSA ESTATES DRIVE
 Address:

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name:CYNTHI LOU WAGNER,Name:Address:481 CALOOSA ESTATES DRIVEAddress:City-St-Zip:LABELLE, FL 33935City-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: DAVID YODER MG 04/24/2008