2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102025

Entity Name: KC LLC

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

Current Mailing Address:	**New Mailing Address:**
481 CALOOSA ESTATES DRIVE LABELLE, FL 33935	PO BOX 407 ALVA, 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 DRIVE		Address:		
City-St-Zip:	LABELLE, FL 33935		City-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   MGR   04/28/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date