

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000102025

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** KC LLC

**Current Principal Place of Business:**

481 CALOOSA ESTATES DRIVE  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 407  
ALVA, FL 33935

**New Mailing Address:**

**FEI Number:** 20-5483387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** YODER, DAVID  
**Address:** 481 CALOOSA ESTATES DRIVE  
**City-St-Zip:** LABELLE, FL 33935

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

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

I hereby 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

MGRM

02/19/2010

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