

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000108855

Entity Name: 2K MEDICAL, LLC

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9618 SW 34TH LANE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

9618 SW 34TH LANE  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 20-3756925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLODELL, CHARLES  
9618 SW 34TH LANE  
GAINESVILLE, FL 32608 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: MGRM  
Name: KLODELL, CHARLES  
Address: 9618 SW 34TH LANE  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM  
Name: KLODELL, CYNTHIA  
Address: 9618 SW 34TH LANE  
City-St-Zip: GAINESVILLE, FL 32608

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: CHARLES KLODELL

MGRM

04/12/2011

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