

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90092 030 ***543.75

DOCUMENT # L05000111430

1. Entity Name
KLRB ENTERPRISES LLC



Principal Place of Business
**19707 WELLINGTON MANOR BLVD
LUTZ, FL 33549 US**

Mailing Address
**27822 PLEASURE RIDE LOOP
WESLEY CHAPEL, FL 33543 US**

60046571

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

19707 Wellington Manor Blvd



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Lutz FL

4. FEI Number
20-3869306

Applied For
Not Applicable

Zip Country

Zip
33549 Country
USA

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANKENSHIP, RICHARD L
19707 WELLINGTON MANOR BLVD
LUTZ, FL 33549**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard L Blankenship MGRM 7/15/8

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLANKENSHIP, RICHARD L 19707 WELLINGTON MANOR BLVD LUTZ, FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLANKENSHIP, KATHLEEN A 19707 WELLINGTON MANOR BLVD LUTZ, FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Richard L Blankenship 7/15/8 813-732-6634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #