

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000111465**

1. Entity Name

STEVE KUHNS, LLC



Principal Place of Business

2755 N. BANANA RIVER DRIVE  
UNITS 12-13  
MERRITT ISLAND FL 32953  
US

Mailing Address

3946 FAIRWOOD ST  
COCOA FL 32926



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

81-0680952

Applied For

Not Applicable

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

KUHNS, STEVEN  
2755 N. BANANA RIVER DRIVE  
UNITS 12-13  
MERRITT ISLAND FL 32953

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME KUHNS, STEVEN  
STREET ADDRESS 2755 N. BANANA RIVER DRIVE, UNITS 12-13  
CITY-STATE-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME U000000743942  
STREET ADDRESS 05/15/07-80128-020 50.00  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS KUHNS, NORMAN  
CITY-STATE-ZIP 2755 N. BANANA RIVER DRIVE, UNITS 12-13  
MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS KUHNS, JOSEPH  
CITY-STATE-ZIP 2755 N. BANANA RIVER DRIVE, UNITS 12-13  
MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Steven Kuhns LLC*

*April 28-07 321-633-0960*

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

Date: Director Phone #