2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000003973

1. Entity Name
K.B., LLC

Principal Place of Business	Mailing Address
2166 HIGHWAY 30-A, SUITE B	2166 HIGHWAY 30-A, SUITE B
SANTA ROSA BEACH, FL 32459	SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
59-3831396	Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL WM MEAD, P.A.
24 WALTER MARTIN ROAD, SUITE 3
FORT WALTON BEACH, FL 32548

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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 $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BYRD, KENNETH A
STREET ADDRESS	PO BOX 2201
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80050-010 138.75
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DO NOT WRITE IN THIS SPACE

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: _Kenneth A. Byrd,_ Kenneth A. Byrd   01-12-08 - 850-585-1828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #