


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90044 021 \*\*\*\*50.00

<b>DOCUMENT # L06000026489</b> 1. Entity Name <b>K-LEN ENTERPRISES, LLC</b>					
Principal Place of Business <b>25624 BELLE HELENE LEESBURG, FL 34748</b>			Mailing Address <b>25624 BELLE HELENE LEESBURG, FL 34748</b>		
2. Principal Place of Business - No P.O. Box # <b>2022 Tally Rd</b>		3. Mailing Address <b>2022 Tally Rd</b>			
Suite, Apt. #, etc. <b>Ste 7</b>		Suite, Apt. #, etc. <b>Ste 7</b>			
City & State <b>Leesburg FL</b>		City & State <b>Leesburg FL</b>			
Zip <b>34748</b>		Country <b>USA</b>		Zip <b>34748</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>PIOCH, KATHERINE E 25624 BELLE HELENE LEESBURG, FL 34748</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Katherine E. Pioch</u> <b>Katherine E. Pioch</b> <u>4/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PIOCH, KATHERINE E 25624 BELLE HELENE LEESBURG, FL 34748</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SESNAK, LEONARD E 25624 BELLE HELENE LEESBURG, FL 34748</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Katherine E. Pioch Katherine E. Pioch 4/22/07</b> <span style="float: right;">(352) 702-3505</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



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