

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90165 042 ***138.75

DOCUMENT # L06000026489

1. Entity Name
K-LEN ENTERPRISES, LLC



Principal Place of Business
2022 TALLY RD
SUITE 7
LEESBURG, FL 34748

Mailing Address
2022 TALLY RD
SUITE 7
LEESBURG, FL 34748

50004009



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

04132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4466032

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

PIOCH, KATHERINE E
~~25624 BELLE HELENE~~
LEESBURG, FL 34748

Name

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

25711 Whisper Oaks

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 restate)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PIOCH, KATHERINE E
~~25624 BELLE HELENE~~
LEESBURG, FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
25711 whisper Oaks

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SESNAK, LEONARD E
~~25624 BELLE HELENE~~
LEESBURG, FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1721 Timber Ridge Circle

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE

Katherine E. Pioch

4/12/08

352-702-3505