

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032418

Entity Name: K&C LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

286 LIMESTONE CIRCLE
CRESTVIEW, FL 32539

New Principal Place of Business:

35 REGENT RD
CRESTVIEW, FL 32539

Current Mailing Address:

286 LIMESTONE CIRCLE
CRESTVIEW, FL 32539

New Mailing Address:

35 REGENT RD
CRESTVIEW, FL 32539

FEI Number: 20-4578044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, KATHY
286 LIMESTONE CIRCLE
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
ST A
DELTONA, FL 32725 US

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.

SIGNATURE: VICTOR M ERWIN

01/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MITCHELL, KATHY
Address: 286 LIMESTONE CIRCLE
City-St-Zip: CRESTVIEW, FL 32539

Title: MGRM () Delete
Name: BARNES, CHARLES
Address: 286 LIMESTONE CIRCLE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MITCHELL, KATHY
Address: 35 REGENT RD
City-St-Zip: CRESTVIEW, FL 32539

Title: MGRM (X) Change () Addition
Name: BARNES, CHARLES
Address: 35 REGENT RD
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES E BARNES

MGRM

01/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date