

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078632

Entity Name: KLEPAC SERVICE COMPANY, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

2154 ARGLE ROAD  
CANTONMENT, FL 32533 US

**New Principal Place of Business:**

**Current Mailing Address:**

2154 ARGLE ROAD  
CANTONMENT, FL 32533 US

**New Mailing Address:**

FEI Number: 20-5361802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLEPAC, WILLIAM H  
2154 ARGLE ROAD  
CANTONMENT, FL 32533 US

**Name and Address of New Registered Agent:**

KLEPAC, KIMBERLY S  
2154 ARGLE ROAD  
CANTONMENT, FL 32533 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: KIMBERLY S KLEPAC

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KLEPAC, WILLIAM H  
Address: 2154 ARGLE ROAD  
City-St-Zip: CANTONMENT, FL 32533 US

Title: MGRM (X) Delete  
Name: KLEPAC, KIMBERLY S  
Address: 2154 ARGLE ROAD  
City-St-Zip: CANTONMENT, FL 32533 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KLEPAC, KIMBERLY S  
Address: 2154 ARGLE ROAD  
City-St-Zip: CANTONMENT, FL 32533 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIMBERLY S KLEPAC

MGRM

04/30/2009

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