2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000108588

1. Entity Name

CITY-ST-ZIP

K & L BELANGER HOLDINGS, LLC



Jan 22, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

18154 SANDY PINES CIRCLE NORTH FORT MYERS, FL 33917 US 18154 SANDY PINES CIRCLE NORTH FORT MYERS, FL 33917

US



01162008 No Chg-LLC

CR2E083 (12/07)

FILED

4. FEI Number 20-5900873

Applied For Not Applicable

5. Certificate of Status Desired

□ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELANGER, KATHERINE L 18154 SANDY PINES CIRCLE NORTH FORT MYERS, FL 33917

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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 famillar 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			
	зурнатиле, typed от ритпео патле от registrated agent and true it appropriet.	(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	MGR		
NAME	BELANGER, KATHERINE L		
STREET ADDRESS	18154 SANDY PINES CIRCLE		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		
TITLE			U00000790291
NAME			01/23/08-80028-019 138.75
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV