

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121426

Entity Name: DOUBLE DOCS K.P., LLC

FILED
Jun 02, 2008
Secretary of State

Current Principal Place of Business:

3590 COMMODORE CIRCLE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

3590 COMMODORE CIRCLE
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARTOSEK, HELEN
3590 COMMODORE CIRCLE
DELRAY BEACH, FL 33483 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARTOSEK, HELEN
Address: 3590 COMMODORE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM () Delete
Name: KLEIN, ROBERT
Address: 3590 COMMODORE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDITIONS/CHANGES:

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

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: ROBERT KLEIN

MGRM

06/02/2008

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