

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006604

FILED  
Jul 16, 2008  
Secretary of State

**Entity Name:** KZR METAL CREATIONS & HOME IMPROVEMENT "LLC"

**Current Principal Place of Business:**

602 CYPRESS STREET  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

10 JEFFERSON PLACE  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

602 CYPRESS STREET  
MARY ESTHER, FL 32569

**New Mailing Address:**

10 JEFFERSON PLACE  
FORT WALTON BEACH, FL 32548

FEI Number: 20-8242837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

REEVES, KELLY D  
602 CYPRESS STREET  
MARY ESTHER, FL 32569      US

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

REEVES, KELLY D  
10 JEFFERSON PLACE  
FORT WALTON BEACH, FL 32548      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:

07/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: REEVES, CATHY D  
Address: 602 CYPRESS STREET  
City-St-Zip: MARY ESTHER, FL 32569

**ADDITIONS/CHANGES:**

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: CATHY REEVES

MGR

07/16/2008

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