

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016954

Entity Name: K-TECH SOLUTIONS, LLC

FILED  
Jan 21, 2008  
Secretary of State

**Current Principal Place of Business:**

19239 NORTH DALE MABRY HIGHWAY  
SUITE 211  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

19239 NORTH DALE MABRY HIGHWAY  
SUITE 211  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 20-8456349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SMITH, KEITH C ESQ.  
121 NORTH COLLINS STREET  
PLANT CITY, FL 33563 US

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

KIESTER, KIRT A  
19239 N DALE MABRY HIGHWAY  
SUITE 211  
LUTZ, FL 33548 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: KIRT A KESTER

01/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: KESTER, KIRT A  
Address: 19239 NORTH DALE MABRY HIGHWAY, SUITE 211  
City-St-Zip: LUTZ, FL 33548

Title: V P ( ) Change (X) Addition  
Name: KESTER, LAURA J  
Address: 19239 NORTH DALE MABRY HIGHWAY, SUITE 211  
City-St-Zip: LUTZ, FL 33548

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: KIRT KESTER

PRES

01/21/2008

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