

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025688

Entity Name: KVK ENTERPRISES, L.L.C.

FILED
Jan 06, 2008
Secretary of State

Current Principal Place of Business:

127 SOUTH OCEAN AVENUE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

127 SOUTH OCEAN AVENUE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 20-8626760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, WALTER E III
315 S. PALMETTO AVENUE
DAYTONA BEACH, FL US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: BOTS, KEN
Address: 6201 OAK RIVER TERRACE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR () Delete
Name: KEOUGH, K.R.
Address: 5795 JOHN ANDERSON HWY.
City-St-Zip: FLAGLER BEACH, FL

Title: MGR () Delete
Name: KUFTIC, VERNON
Address: 1507 N. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: KEOUGH, K.R.
Address: 5795 JOHN ANDERSON HWY.
City-St-Zip: FLAGLER BEACH, FL 32136

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: VERNON KUFTIC

MGR

01/06/2008

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