

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040093

FILED
Apr 26, 2009
Secretary of State

Entity Name: KING FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

4814 CASON COVE DRIVE
SUITE 101
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4814 CASON COVE DRIVE
SUITE 101
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 20-2957105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOENIG, JOSEPH A
4814 CASON COVE DRIVE
SUITE 101
ORLANDO, FL 32811 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: KOENIG, JOSEPH A
Address: 4814 CASON COVE DRIVE, STE 101
City-St-Zip: ORLANDO, FL 32811 US

Title: MGR () Delete
Name: KOENIG, RICHARD T
Address: P.O. BOX 100996
City-St-Zip: ARLINGTON, VA 22210 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: JOSEPH A KOENIG

MR

04/26/2009

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