## 2008 LIMITED LIABILITY COMPANY

## FILED Apr 01, 2008 8:00 am Secretary of State

ANNOAL REPORT					_ ^		J	- ~ •	
DOCUMENT # L0700069819  1. Entity Name K & A ENTERPRISES OF TALLAHASSEE, LLC						04-01-2008 9		0 ***138	3.75
Principal Plac	e of Business	Mailing Address				DANTRA	40		
•		·					•		
4755 STONEY TRACE		4755 STONEY TRACE							
TALLAHASSEE, FL 32309		TALLAHASSEE, FL 32309			1 (BB3783) 894 A	NEKA KERNI ERIKI REKIN ERIK	I Bair Guir Itii	AI (RIN) IINGR IN	iber (11 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102008	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State		4. FEI Number	- 065 33	359	<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired		5.00 Add ee Required	litional d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
				Name					•
BLACK, WM. STEPHEN 11 2015 CENTRE POINTE BLVD., SUITE 103 TALLAHASSEE, FL 32308				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	<u> </u>
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					7	Florida	e check pa Departme	yable to	<b>B</b> :
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE 🥂	MGR ,	GR "" □ Delete ■ 1ff1		E				Change	Addition
NAME	MCMONIGLE, PATRICK F		NAM	E					
STREET ADDRESS	4755 STONEY TRACE		STRE	ET ADDRESS					
CITY-\$T-ZIP	TALLAHASSEE, FL 32309		CITY	-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE	:				☐ Change	Addition
NAME	MCMONIGLE, TIFFANY	_ conc	NAM						
STREET ADDRESS	4755 STONEY TRACE			ET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32309			-ST-ZIP					
·	TALLATAGGLE, FL 32303			<u> </u>					- Address
TITLE	ige.	☐ Delete	TITLE					☐ Change	■ Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			City	-ST-ZIP					
TITLE		☐ Delete	TITLE	E				☐ Change	Addition
NAME			NAM	E					
STREET ADDRESS			STRE	ET ADDRESS					
CITY-SI-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TOTAL					☐ Change	☐ Addition
NAME			NAM	E					
STREET ADDRESS			STRE	ET ADORESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
		☐ Delete	TITU					☐ Change	Addition
TITLE		LI Delete	NAM						
NAME CIDEET ADDDESS				ET ADORESS					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.									