2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L07000079535

1. Entity Name KK & KK INVESTMENTS LLC



FILED Apr 04, 2008 8:00 am Secretary of State

04-04-2008 90133 014 ***138.75

			100						
Principal Place of Business		Mailing Address	<u></u>		•				
1240 SOLITUDE LANE Sarasota, Fl. 34242 us		1240 SOLITUDE LANE Sarasota, fl. 34242 us							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012008	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numb	er 26-045	7/50	Ap	pplied For
Zip	Country	Žip	Country		5. Certificate	of Status Desired	;	\$5.00 Add	litional
6. Name and Address of Current		Registered Agent			_7: Name and	Address of New			
GARDI, LES CPA		Name		18					
7061 S TAMIAMI TRAIL STE C		\$ Street Ad		et Address (F	P.O. Box Numb	er is Not Acceptab	le)		
SARASOTA, FL 34231		The second							
		*	City	,			FL	Zip Cod	e
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 of printed name of registered agent	and title it applicable. [NOTE: F	registered Agent s	ignature required	when reinstating)	was at the	DATE	11.1	-
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.79		5				. Mai	ke check pa la Departme	yable to	· • :
9.	MANAGING MEMBE	RS/MANAGERS	10.				/CHANGES	<u> </u>	
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	KOZMA, KATALIN 1240 SOLITUDE LANE		NAME Street addre	:88					
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	KOZMA, KRISZTIAN 1240 SOLITUDE LANE		NAME STREET ADDRE	ess					
CITY-ST-ZIP	SARASOTA, FL_34242		CITY-ST-ZIP						ologom selle
TITLE		☐ Delete	TITLE					Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				•	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRE	22:					
CITY-ST-ZIP			CITY-ST-ZIP						
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	<u> </u>			***	Change	Addition
NAME STREET ADDRESS			NAME CORET ADDRE	·er					
CITY-ST-ZIP			STREET ADDRE						
									

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.

SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE