

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098935

Entity Name: KLRN ENTERPRISE, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

7632 SOUTHSIDE BLVD #324
JACKSONVILLE, FL 32256

New Principal Place of Business:

12350 SUNCHASE DR
JACKSONVILLE, FL 32246

Current Mailing Address:

7632 SOUTHSIDE BLVD #324
JACKSONVILLE, FL 32256

New Mailing Address:

9838 OLD BAYMEADOWS ROAD
#392
JACKSONVILLE, FL 32256

FEI Number: 26-1171769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, ALFONSO P
7632 SOUTHSIDE BLVD #324
JACKSONVILLE, FL 32256 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: CEO () Delete
Name: THOMAS, ALFONSO P
Address: 7632 SOUTHSIDE BLVD #324
City-St-Zip: JACKSONVILLE, FL 32256

Title: COO () Delete
Name: DELACERNA, AMY J
Address: 1037 SWEET GRASS TRAIL
City-St-Zip: FLOWER MOUND, TX 75028

ADDITIONS/CHANGES:

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

Title: COO (X) Change () Addition
Name: DELACERNA, AMY J
Address: 12350 SUNCHASE DR
City-St-Zip: JACKSONVILLE, FL 32246

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: AMY J. DELACERNA

COO

04/16/2009

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