

LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90071 028 ***138.75

DOCUMENT # **L07000113535**

1. Entity Name **K.C.'s MANUFACTURING LLC**



DO NOT WRITE IN THIS SPACE

60019323

2. Principal Place of Business - No P.O. Box #

10105 CHUMUCKLA Spgs Rd

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

JAY, FL

City & State

SAME

Zip

32565

Country

US

Zip

SAME

Country

4. FEI Number

75-3261304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

CR2E083B (12/07)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID G. WHITE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

204 CHURCH ST. E

City

PENSACOLA

FL

Zip Code

32502

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.

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KEVIN D. HUNT
10105 CHUMUCKLA Spgs Rd
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CATHERINE S. HUNT
10105 CHUMUCKLA Spgs Rd
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

**DO NOT WRITE
IN THIS SPACE**

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: **Catherine S. Hunt** CATHERINE S. HUNT 3/28/08 (850) 994-9645

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

Date

Daytime Phone #