

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014488

Entity Name: KLYNN HOLDINGS, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4520 BAY HARBOUR DR.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

4520 BAY HARBOUR DR.
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 26-1952603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O CARROLL, ALICE S
4520 BAY HARBOUR DR.
JACKSONVILLE, FL 32225 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: MGRM () Delete
Name: O CARROLL, ALICE S
Address: 4520 BAY HARBOUR DR.
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM () Delete
Name: BOEHMER, KELSEY L
Address: 14024002 BROWARD HALL
City-St-Zip: GAINSVILLE, FL 32612 US

Title: MGR () Delete
Name: BOEHMER, DAVID R
Address: 234 MOCKINGBIRD LN
City-St-Zip: WINTER SPRINGS, FL 32718 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BOEHMER, KELSEY L
Address: 2777 SW ARCHER RD APT LL104
City-St-Zip: GAINSVILLE, FL 32608 US

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: ALICE OCARROLL

MGRM

04/16/2009

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