

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063384

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: K.L. JASON, LLC

**Current Principal Place of Business:**

4804 EAGLE DRIVE  
FORT PIERCE, FL 34951

**New Principal Place of Business:**

**Current Mailing Address:**

4804 EAGLE DRIVE  
FORT PIERCE, FL 34951

**New Mailing Address:**

FEI Number: 26-3023759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JASON, KENNETH L  
4804 EAGLE DRIVE  
FORT PIERCE, FL 34951 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: ( ) Delete

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition

Name: JASON, KENNETH L MGRM

Address: 4804 EAGLE DRIVE

City-St-Zip: FT. PIERCE, FL 34951 SL

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: KENNETH L. JASON

MGRM

03/07/2009

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