

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000066179

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** KING INVESTMENT GROUP LLC

**Current Principal Place of Business:**

1530 DEL RIO DRIVE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

2400 CORTEZ BLVD.  
FORT MYERS, FL 33901

**Current Mailing Address:**

1530 DEL RIO DRIVE  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 26-3928360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING, TINA D MGR  
1530 DEL RIO DR.  
FORT MYERS, FL 33901 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:** MGR  
**Name:** KING, MICHAEL T  
**Address:** 1530 DEL RIO DRIVE  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** MGR  
**Name:** KING, TINA D  
**Address:** 1530 DEL RIO DRIVE  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** MGR  
**Name:** KING, WILLIAM L  
**Address:** 1530 DEL RIO DRIVE  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** MGR  
**Name:** KING, TIFFANY A  
**Address:** 1530 DEL RIO DRIVE  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** S  
**Name:** KING, TIFFANY A  
**Address:** 1530 DEL RIO DR.  
**City-St-Zip:** FORT MYERS, FL 33901

I hereby 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:** TINA KING

MGR

02/02/2010

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