

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094825

FILED
Jan 23, 2009
Secretary of State

Entity Name: K & L CONCESSIONS, "L.L.C."

Current Principal Place of Business:

904 W. WATERS AVENUE, STE. D
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

904 W. WATERS AVENUE, STE. D
TAMPA, FL 33604

New Mailing Address:

FEI Number: 94-3453921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITHS, TIMOTHY M
904 W. WATERS AVENUE, STE. D
TAMPA, FL 33604 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: NETTERFIELD, KIMBERLY
Address: P.O. BOX 1438
City-St-Zip: LAND O LAKES, FL 346391438

Title: MGRM () Delete
Name: NETTERFIELD, RONALD
Address: P.O. BOX 1438
City-St-Zip: LAND O LAKES, FL 346391438

ADDITIONS/CHANGES:

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

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: KIMBERLY NETTERFIELD

PRES

01/23/2009

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