

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094825

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

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**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  
Name: NETTERFIELD, KIMBERLY  
Address: P.O. BOX 1438  
City-St-Zip: LAND O LAKES, FL 346391438

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

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: NETTERFIELD, KIMBERLY

MEMB

01/11/2010

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