

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107851

Entity Name: KR&T, LLC

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

3927 FOLEY CUT-OFF ROAD  
PERRY, FL 32348

## New Principal Place of Business:

## Current Mailing Address:

3927 FOLEY CUT-OFF ROAD  
PERRY, FL 32348

## New Mailing Address:

FEI Number: 26-4179243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAULERSON, JOSEPH T  
3927 FOLEY CUT-OFF ROAD  
PERRY, FL 32348 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: RAULERSON, JOSEPH T  
Address: 3927 FOLEY CUT-OFF ROAD  
City-St-Zip: PERRY, FL 32348

Title: MGR ( ) Delete  
Name: JENKINS, KATRINA K  
Address: P.O. BOX 686  
City-St-Zip: ST. MARKS, FL 32355

Title: MGR ( ) Delete  
Name: PORTWOOD, RHONDA D  
Address: 7525 E. APPLEWOOD DR.  
City-St-Zip: INVERNESS,, FL 34450

## ADDITIONS/CHANGES:

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

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: JOSEPH T RAULERSON

MGRM

04/20/2009

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