

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114388

Entity Name: K & S 2219, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O KATHLEEN WHITE-VIGILANTE  
2710 DEL PRADO BLVD., #2-196  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KATHLEEN WHITE-VIGILANTE  
2710 DEL PRADO BLVD., #2-196  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 26-4026588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ADAMSKI, ROBERT C  
1714 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904 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:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: WHITE-VIGILANTE, KATHLEEN DR.  
Address: 1727 RIVERVIEW RD  
City-St-Zip: GLADWYNE, PA 19035

Title: MGRM ( ) Change (X) Addition  
Name: JAVIE, SHARON DR.  
Address: 515 SABINE CIRCLE  
City-St-Zip: WYNNWOOD, PA 19096

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: SHARON JAVIE

MGRM

04/15/2009

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