

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000031705

**FILED**  
**May 12, 2011**  
**Secretary of State**

**Entity Name:** KRAS ENTERPRISES, LLC

**Current Principal Place of Business:**

544 PLAZA SEVILLE COURT  
#84  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

5510 3RD AVE NORTH  
ST.PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 27-1900419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAS, THOMAS  
544 PLAZA SEVILLE COURT  
#84  
TREASURE ISLAND, FL 33706 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:** KRAS, THOMAS  
**Address:** 544 PLAZA SEVILLE COURT #84  
**City-St-Zip:** TREASURE ISLAND, FL 33706

**Title:** MGRM  
**Name:** KRAS, NICOLE  
**Address:** 544 PLAZA SEVILLE COURT #84  
**City-St-Zip:** TREASURE ISLAND, FL 33706

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:** NICOLE KRAS

MGRM

05/12/2011

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