

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033648

Entity Name: K DISTRIBUTORS LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2749 SW DALLAS STREET  
PORT SAINT LUCIE, 34953

**New Principal Place of Business:**

2749 SW DALLAS STREET  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

2749 SW DALLAS STREET  
PORT SAINT LUCIE, 34953

**New Mailing Address:**

2749 SW DALLAS STREET  
PORT SAINT LUCIE, FL 34953

FEI Number: 45-0978370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KUPSTAS, LINDA L  
2749 SW DALLAS STREET  
PORT SAINT LUCIE, FL 34953 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: MGR  
Name: KUPSTAS, LINDA L  
Address: 2749 SW DALLAS STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGRM  
Name: KUPSTAS, STEPHEN J  
Address: 2749 SW DALLAS STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: LINDA L. KUPSTAS

MGR

01/05/2012

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