

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000046637

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** KLINE AND KLINE PROPERTIES, LLC

**Current Principal Place of Business:**

930 POCAHONTAS DR  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

930 POCAHONTAS DR  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

**FEI Number:** 45-1827852      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KLINE, LARRY N  
930 POCAHONTAS DR  
FORT WALTON BEACH, FL 32547 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:** KLINE, LARRY N  
**Address:** 930 POCAHONTAS DR  
**City-St-Zip:** FORT WALTON BEACH, FL 32547 US

**Title:** MEMB  
**Name:** KLINE, NANCY H  
**Address:** 930 POCAHONTAS DRIVE  
**City-St-Zip:** FORT WALTON BEACH, FL 32547

**Title:** MEMB  
**Name:** KLINE, WILLIAM D  
**Address:** 102 WOODWARD STREET  
**City-St-Zip:** DESTIN, FL 32541

**Title:** MEMB  
**Name:** KLINE, GINA  
**Address:** 102 WOODWARD STREET  
**City-St-Zip:** DESTIN, FL 32541

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: NANCY H. KLINE

MEMB

01/10/2012

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