

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000079616

Entity Name: KT LEWIS GROUP LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3605 SKYLINE BLVD.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

4341 SW 7TH PLACE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

3605 SKYLINE BLVD.  
CAPE CORAL, FL 33914

**New Mailing Address:**

4341 SW 7TH PLACE  
CAPE CORAL, FL 33914

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

HARE, KATHLEEN  
3605 SKYLINE BLVD.  
CAPE CORAL, FL 33914 US

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

HARE, KATHLEEN  
4341 SW 7TH PLACE  
CAPE CORAL, FL 33914 US

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:

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARE, KATHLEEN  
Address: 4341 SW 7TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM  
Name: LEWIS, TODD  
Address: 4341 SW 7TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

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: KATHLEEN HARE

MGRM

04/30/2012

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