

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 30 AM 11:58

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
— of Limited Liability Company

DOCUMENT # L96000001122

K.K. & V.B. PROPERTIES, L.C.
12108 N 56TH STREET
TAMPA FL 33617

1a. Principal Place of Business Address

12108 N 56TH STREET
TAMPA FL 33617

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

10/15/1996

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3417957

☐ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

04/08/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

BEKIEMPIS, VINCENT
12108 N 56TH STREET
TAMPA FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

05/07/99 01127-010

****188.75****

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when both changing)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM BEKIEMPIS, VINCENT

12108 N 56TH STREET

TAMPA FL

MEM KEEOAN, KEVIN

12108 N 56TH STREET

TAMPA FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED OFFICE NAME OF LIMITED LIABILITY COMPANY MANAGER

Date

Printed Name