

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L97000000129-



1. Entity Name

KLR ENTERPRISES, L.C.

Principal Place of Business

**600 UNIVERSITY OFFICE BLVD STE 1-C
PENSACOLA FL 32504**

Mailing Address

**600 UNIVERSITY OFFICE BLVD
1-C
PENSACOLA FL 32504**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3439898

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMING, FLETCHER
226 S. PALAFOX PLACE
SEVENTH FLOOR
PENSACOLA FL 32501**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MEM
LINDINGER, KARL
KAROLINGERSIR, 13/W. 8011 ASCHHEIM
REPUBLIC OF GERMANY** ☐ Delete

☐ Change ☐ Addition
**U00000602651
01/26/07-80099-019 50.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MEM
LINDINGER, RENATE M
KAROLINGERSIR, 13/W. 8011 ASCHHEIM
REPUBLIC OF GERMANY** ☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
GANDJI, DJ
1700 SCENIC HWY 501
PENSACOLA FL 32503** ☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] **1-23-07 850 478-7654**