

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000000955

1. Entity Name
KD DEVELOPMENT, L.C.



Principal Place of Business
**1550 CREIGHTON RD., STE. 4
PENSACOLA, FL 32504**

Mailing Address
**1550 CREIGHTON RD., STE. 4
PENSACOLA, FL 32504**



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3415158

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAN MATRE, THOMAS G JR.
4300 BAYOU BOULEVARD, SUITE 16
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HOFFMAN, TERRY G
2210 DOVEFILED DR
PENSACOLA, FL 32534**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SPRAGUE, RICHARD D
26 HIGHPOINT DR
GULF BREEZE, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SPRAGUE, WILLIAM R
4279 CONRADINA DR
GULF BREEZE, FL 32563**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000775514
01/08/08-80033-010 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

1/31/08 850-478-7818

Date

Daytime Phone #