FILED

## -2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 27, 2002 8:00 am **Secretary of State** DOCUMENT # L9900006684 1. Entity Name 01-27-2002 90037 022 \*\*\*\*55.00 K & K, L.C. Principal Place of Business Mailing Address 10421 NW 28 ST. K&K. LC. C/O RODMAN ROOFING INC. D-103 P.O. BOX 557803 MIAMI FL 33178 MIAMI FL 33255 3. Mailing Address 2. Principal Place of Business Po Box 227 337 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0995678 Miami Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33122 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOLANS, JAMES A Street Address (P.O. Box Number is Not Acceptable) 5901 S.W. 74 STREET MIAMI FL 33143 Zip Code City 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 Fiorida 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 \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR Change CR2E083 (9/01 TITLE ☐ Addition ☐ Delete TITLE RODMAN, KAREN NAME NAME Rodman, Karen 7270 S.W. 42ND TERRACE STREET ADDRESS STREET ADDRESS 0 Box 227337 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** TITI F ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change --- - Addition -Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I 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

SIGNATURE:

limited liability company or the receiver or trustee empo

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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.