

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90169 014 ***150.00

DOCUMENT # M02000000147

1. Entity Name
KT INDUSTRIES LLC



Principal Place of Business
504 SUMMERFIELD WAY
VENICE, FL 34292

Mailing Address
504 SUMMERFIELD WAY
VENICE, FL 34292

20045962



04282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2154078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, LAWRENCE J
504 SUMMERFIELD WAY
VENICE, FL 34292

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
O'CONNOR, LAWRENCE J
504 SUMMERFIELD WAY
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KRUGER, MARGARET
504 SUMMERFIELD WAY
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Margaret D Kruger* M. KRUGER MGR 4/28/06 941-400-9181

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

Date

Daytime Phone #