

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000124640

**Entity Name:** L K L ENTERPRISE INC.

**Current Principal Place of Business:**

9 OAKS DRIVE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

9 OAKS DRIVE  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 20-3398665

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPER, KENNY  
9 OAKS DR  
JACKSONVILLE, FL 32250 US

*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.*

**SIGNATURE:** KENNY LOPER

04/22/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DV  
Name LOPER, KENNY  
Address 9 OAKS DR  
City-State-Zip: JACKSONVILLE FL 32250

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOPER , KENNY

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04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date