

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099009

Entity Name: K & H PARTNERS, L.L.C.**Current Principal Place of Business:**C/O KLAR & KLAR
28473 U.S. HWY 19 NORTH STE 6022
CLEARWATER, FL 33761**Current Mailing Address:**C/O KLAR & KLAR
28473 U.S. HWY 19 NORTH STE 6022
CLEARWATER, FL 33761**FEI Number:** 20-3349395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HIRSCHBERGER, JAMES
28473 U.S. HWY 19 NORTH STE 602
CLEARWATER, FL 33761 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title MGR
Name KLAR, STEVEN
Address 28473 US HWY 19 NORTH STE 602
City-State-Zip: CLEARWATER FL 33761Title MGR
Name KLAR, ROBERTA
Address 28473 US HWY 19 NORTH STE 602
City-State-Zip: CLEARWATER FL 33761Title MGR
Name HIRSCHBERGER, JAMES J
Address 28473 US HWY 19 NORTH STE 602
City-State-Zip: CLEARWATER FL 33761Title MGR
Name HIRSCHBERGER, SIMONE
Address 28473 US HWY 19 NORTH STE 602
City-State-Zip: CLEARWATER FL 33761

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SIMONE HIRSCHBERGER

PARTNER

04/22/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date