

**2019 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**MEMBER****04/21/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date