#### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000118941

Entity Name: TRILOGY KKC, LLC

**FILED** Mar 23, 2013 **Secretary of State** CC1082948630

# **Current Principal Place of Business:**

11670 ROSEMOUNT DRIVE FORT MYERS. FL 33913

# **Current Mailing Address:**

11670 ROSEMOUNT DRIVE FORT MYERS. FL 33913

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

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

SKRIVAN, KENT A STETLER & SKRIVAN, PL 1421 PINE RIDGE ROAD, SUITE 120 NAPLES, FL 34109 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 **MGRM** Title MGR

FLAHARTY, KRISTEN S Name Name FLAHARTY, PATRICK M Address 11670 ROSEMOUNT DR Address 11670 ROSEMOUNT DR City-State-Zip: FORT MYERS FL 33913 City-State-Zip: FORT MYERS FL 33913

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail