2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000119741 Entity Name: FKL&M, LLC

FILED Jan 23, 2014 **Secretary of State** CC5769376850

Current Principal Place of Business:

650 S. NORTHLAKE BOULEVARD

SUITE 450

ALTAMONTE SPRINGS, FL 32071

Current Mailing Address:

650 S. NORTHLAKE BOULEVARD SUITE 450

ALTAMONTE SPRINGS, FL 32071 US

FEI Number: 46-4077080 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LECESSE DEVELOPMENT CORP 650 S. NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title Title MGR

Name LECCESE, SALVADOR Name GROSCH, FRANK

650 S. NORTHLAKE BLVD., SUITE 450 650 S. NORTHLAKE BLVD., SUITE 450 Address Address

City-State-Zip: ALTAMONTE SPRINGS FL 32701 City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGRP Title VΡ

Name MORGAN, ROBERT Name LECCESE, SALVADOR

Address 1080 PITSSFORD VICTOR ROAD Address 650 S. NORTHLAKE BOULEVARD,

SUITE 450

City-State-Zip: PITTSFORD NY 14534 City-State-Zip: ALTAMONTE SPRINGS FL 32071

Title VΡ

VPS Title FLYNN, JOHN Name

GROSCH, FRANK Name 650 S. NORTHLAKE BOULEVARD, Address

650 S. NORTHLAKE BOULEVARD, Address SUITE 450

SUITE 450

City-State-Zip: ALTAMONTE SPRINGS FL 32071 City-State-Zip: ALTAMONTE SPRINGS FL 32071

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.