2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2015
Secretary of State
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Entity Name: FKL&M, LLC

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	LECCESE, SALVADOR
Address	650 S. NORTHLAKE BLVD., SUITE 450
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	MGRP
Name	MORGAN, ROBERT
Address	1080 PITSSFORD VICTOR ROAD
City-State-Zip:	PITTSFORD NY 14534

Title	VP
Name	FLYNN, JOHN
Address	650 S. NORTHLAKE BOULEVARD, SUITE 450
City-State-Zip:	ALTAMONTE SPRINGS FL 32071

Title	MGR
Name	GROSCH, FRANK
Address	650 S. NORTHLAKE BLVD., SUITE 450
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	VP
Name	LECCESE, SALVADOR
Address	650 S. NORTHLAKE BOULEVARD, SUITE 450
City-State-Zip:	ALTAMONTE SPRINGS FL 32071

Title	VPS
Name	GROSCH, FRANK
Address	650 S. NORTHLAKE BOULEVARD, SUITE 450
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.

SIGNATURE: SALVADOR F LECCESE MGR 01/28/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date