

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000051726

1. Entity Name
KOIE, LLC



Principal Place of Business
6390 NE 185TH TERRACE
WILLISTON, FL 32696 US

Mailing Address
6390 NE 185TH TERRACE
WILLISTON, FL 32696 US

FILED
Mar 12, 2007 08:00 A
Secretary of State



03082007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-2893507

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARON C BRANNAN CPA PA
161 N MAIN STREET
WILLISTON, FL 32696

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOCHER, KEITH E 6390 NE 185TH TERRACE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOCHER, LORRAINE I 6390 NE 185TH TERRACE WILLISTON, FL 32696
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03/21/07-80011-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: *Keith E Kocher* Keith E Kocher 3-8-07 352-363-0197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #