


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L05000051726
 1. Entity Name
 KOIE, LLC



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

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2893507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000778884
 01/11/08-80015-011 138.75

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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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 1-8-08 528-0109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #