2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051726

Entity Name: KOIE, LLC

FILED Jan 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6390 NE 185TH TERRACE 6291 NE 184TH TERRACE WILLISTON, FL 32696 US WILLISTON, FL 32696

Current Mailing Address: New Mailing Address:

6390 NE 185TH TERRACE 6291 NE 184TH TERRACE WILLISTON, FL 32696 US WILLISTON, FL 32696 US

FEI Number: 20-2893507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

Title:

Electronic Signature of Registered Agent Date

Title:

MGRM

MANAGING MEMBERS/MANAGERS:

MGRM

() Delete

ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete KOCHER, KEITH E KOCHER, KEITH E Name: Name: Address: 6390 NE 185TH TERRACE Address: 6291 NE 184TH TERRACE

City-St-Zip: WILLISTON, FL 32696 US City-St-Zip: WILLISTON, FL 32696 US

(X) Change () Addition Name: KOCHER, LORRAINE I Name: KOCHER, LORRAINE I Address: 6390 NE 185TH TERRACE Address: 6291 NE 184TH TERRACE City-St-Zip: WILLISTON, FL 32696 US City-St-Zip: WILLISTON, FL 32696 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: KEITH E. KOCHER **MGRM** 01/11/2009