

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081167

Entity Name: K.M. AL'KHAF AJI, LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8825 SKYMASTER DRIVE  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

8825 SKYMASTER DRIVE  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

FEI Number: 27-0789486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AL'KHAF AJI, KATHLEEN M  
8825 SKYMASTER DRIVE  
NEW PORT RICHEY, FL 34654 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AL'KHAF AJI, KATHLEEN M  
Address: 8825 SKYMASTER DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby 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: KATHLEEN M AL'KHAF AJI

MGR

04/18/2012

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date