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

SIGNATURE: MICHAEL DELUCIA

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L11000036748

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: KM-ASSOCIATES1, LLC

Current Principal Place of Business:

8501 NW 15TH STREET PEMBROKE PINES. FL 33024

Current Mailing Address:

8501 NW 15TH STREET PEMBROKE PINES. FL 33024

FEI Number: 90-0675556

Name and Address of Current Registered Agent:

DELUCIA, MICHAEL 8501 NW 15TH STREET PEMBROKE PINES, FL 33024 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	DELUCIA, MICHAEL	Name	STIBLER, KEITH
Address	8501 NW 15TH STREET	Address	8571 NW 14TH STREET
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024

that my name appears above, or on an attachment with all other like empowered. 05/01/2015 CO-OWNER

FILED May 01, 2015 Secretary of State CC1255775927

Certificate of Status Desired: No

Date

Date