## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000011663  1. Entity Name KIMBERLY A. VETTO, LMT, LLC							FILED  OI MAY 14 AM 9: 39  SECRETARY OF STATE					
65 ROYAL PALM POINTE. STE 8-1 65			ailing Address 55 ROYAL PALM POINTE. STE B-1 /ERO BEACH FL 32960				TALL	ÁHA   	:SSE	E.FLORI	DA 	
			ailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			y & State		4. FEI Number   Applied Fo				plied For t Applicable			
Zip	Country	Zig	)	Count	ry		icate of Status Desired		7	\$5.00 Add Fee Required	itional	
	6. Name and Address of Curren	nt Register	d Agent			7. Name	and Address of New	Regis	tered A	gent		
			Name			ar 14 - 14		+				
VETTO, KIMBERLY A 826 REBUS AVE SW				,	Street Address	(P.O. Box N	umber is Not Acceptab	ole)				
PALM BAY FL 32908				1				- ;				
, , <u>, , , , , , , , , , , , , , , , , </u>					City		<u> </u>	i	FL	Zip Code	)	
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.												
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
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9.	MANAGING MEM	BERS/ME	MBERS	10.			ADDITION	IS/CH	ANGES			
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indicated	ertify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust	id that my:	signature shall have the	e same	legal effect as if	made under	oath: that I am a man	s. I furt	her cer membe	ify that the in r or manage	iformation r of the	

ARPRUYE

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