2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001290

1. Entity Name
KMC GROUP, L.L.C.

Principal Place of Business	Mailing Address
1496 PINE STREET NICEVILLE, FL 32578	PO BOX 5010 NICEVILLE, FL 32578

07272004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3701267
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCGINNIS, ALLEN RAY
1496 PINE STREET
NICEVILLE, FL 32578

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

U00000168936
08/02/04-80003-017 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MCGINNIS, ALLEN ROY
STREET ADDRESS	1496 PINE STREET
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	KOULISIS, CHRISTO W MD
STREET ADDRESS	1496 PINE STREET
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	CARDET, ALFRED MD
STREET ADDRESS	1496 PINE STREET
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.

SIGNATURE: Allen Ray McGinnis Allen Ray McGinnis 7/30/04 850-897-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #