

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000001290

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



Principal Place of Business
**1496 PINE STREET
NICEVILLE, FL 32578**

Mailing Address
**PO BOX 5010
NICEVILLE, FL 32578**



02112006 No Chg-LLC

CR2E083 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/06-80037-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: Allen Roy McGinnis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/20/06

Date

850-877-4004

Daytime Phone #