

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**



01182008No Chg-LLC

CR2E083 (12/07)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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	

000000863535  
04/03/08-80095-010 138.75

**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 608, Florida Statutes.

SIGNATURE:

*Allen R. McGinnis, Managing Member*

*3/17/08*

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

Date

Daytime Phone #