

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001290

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

FILED
May 15, 2009
Secretary of State

Current Principal Place of Business:

1496 PINE STREET
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

PO BOX 5010
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3701267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINNIS, ALLEN RAY
1496 PINE STREET
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

MCGINNIS, ALLEN R
1496 PINE STREET
NICEVILLE, FL 32578 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: ALLEN R. MCGINNIS

05/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGINNIS, ALLEN ROY
Address: 1496 PINE STREET
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: KOULISIS, CHRISTO W MD
Address: 1496 PINE STREET
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: CARDET, ALFRED MD
Address: 1496 PINE STREET
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGINNIS, ALLEN R
Address: 1496 PINE STREET
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ALLEN R. MCGINNIS

MGRM

05/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date