

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

*Km H Limited Liability Company
L01000014059*

FILED

02 MAY 16 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

514 Ocean Ave

3. Mailing Address

P.O. Box 510016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

4. FEI Number

592375084

Applied For

Not Applicable

Zip

32951

Country

USA

Zip

32951

Country

USA

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Kathleen M. Hillary

Street Address (P.O. Box Number is Not Acceptable)

6309 S. Hwy A1A

City

Melbourne Beach

FL

Zip Code

32951

**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.

SIGNATURE

Kathleen M. Hillary
Signature, typed or printed name of registered agent and title if applicable.

May 1, 2002
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*MGRM
KATHLEEN M. HILLARY
6309 S. HWY A1A
Melbourne Beach, FL 32951*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AL1

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*600005609516--3
DOS/24/03--010125017
*****55.00 *****55.00*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Kathleen M. Hillary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 1, 2002
Date

Daytime Phone #

321-409-0019

CR2E083B (12/01)