L01000014059

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014059

1. Entity Name
Kmtt Limited Liability Company
9/26/03

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FILED
03 OCT -1 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000023671209
10/01/03--01070--019 **135.00

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2. Principal Place of Business	3. Mailing Address
12914 S. Hwy 27	12914 S. Hwy 27
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont Fl	City & State: Clermont Fl
Zip: 34711 Country: Lake	Zip: 34711 Country: USA Lake

4. FEI Number: 592375084 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Kathleen M. Hillary

Street Address (P.O. Box Number is Not Acceptable): 12914 S Hwy 27

City: Clermont FL Zip Code: 34711

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Kathleen M. Hillary
STREET ADDRESS	12914 S. Hwy 27
CITY-ST-ZIP	Clermont, Fl 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	REINSTATEMENT 2003
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: Kathleen M. Hillary October 1, 2003 352-243-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #