

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000018238

1. Entity Name  
KMT ENTERPRISES, LLC



Principal Place of Business  
1175 NE 125TH STREET  
SUITE 103  
NORTH MIAMI, FL 33161

Mailing Address  
1175 NE 125TH ST  
103  
NORTH MIAMI, FL 33161 US

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90176 001 \*\*\*\*50.00



01162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1695924

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~HASNER, MARK M ESQ~~  
~~THEPPEL, DAVIDEN, PA~~  
~~SUNTRUST INTL CTR, 1 SE 9RD AVE STE 2400~~  
~~MIAMI, FL 33131~~  
*DEBRA SINKLE KOLSKY*  
*1175 NE 125TH ST, #143*  
*MIAMI, FL 33161*

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	<del>MILO, ALBERTO JR</del> <i>Delete</i>
STREET ADDRESS	<del>1801 SW 3RD AVENUE</del>
CITY-ST-ZIP	<del>MIAMI, FL 33129</del>
TITLE	MGRM
NAME	<del>FATE, STANLEY O</del> <i>Delete</i>
STREET ADDRESS	<del>1175 NE 125TH STREET, SUITE 103</del>
CITY-ST-ZIP	<del>NORTH MIAMI, FL 33161</del>
TITLE	MGRM
NAME	KOLSKY, DEBRA SINKLE
STREET ADDRESS	1175 NE 125TH STREET, SUITE 103
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	UGRM <i>ADD</i>
NAME	<i>Ray Parella</i>
STREET ADDRESS	<i>1175 NE 125th St, Ste 103</i>
CITY-ST-ZIP	<i>North Miami, FL 33161</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

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

Date

Daytime Phone #

*4/30/07 305-981-0888*