

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000031367**

1. Entity Name  
**KIM & COMPANY, L.L.C.**



Principal Place of Business  
**839 S. ENTRADA DR  
FORT MYERS, FL 33919**

Mailing Address  
**P.O. BOX 1743  
SANIBEL, FL 33957**



**DO NOT WRITE IN THIS SPACE**

01122005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

**54-2096110**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MURTY, TIMOTHY J  
1633 PERIWINKLE WAY, SUITE A  
SANIBEL, FL 33957**

**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, 2005**

**U000000332346  
04/26/05-80054-017 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
WRENN, KIMBERLY A  
839 S. ENTRADA DR  
FORT MYERS, FL 33919**

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)(f), 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:**

**Kimberly A. Wrenn 4/18/05 239-433-4323**

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

Date

Daytime Phone #