

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90012 016 ****50.00

DOCUMENT # L02000031367

1. Entity Name

KIM & COMPANY, L.L.C.



Principal Place of Business

Mailing Address

**2027 SUNRISE CIRCLE
SANIBEL FL**

**2027 SUNRISE CIRCLE
SANIBEL FL**

2. Principal Place of Business

839 S. Entrada Dr.

3. Mailing Address

P.O. Box 1743

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Ft. Myers, FL

City & State

Sanibel, FL

4. FEI Number

54-2096110

Applied For

Not Applicable

Zip

Country

33919

Zip

Country

33957

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **WRENN, KIMBERLY A**
STREET ADDRESS **2027 SUNRISE CIRCLE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☒ Change ☐ Addition
NAME **839 S. Entrada Dr.**
STREET ADDRESS **Ft. Myers, FL**
CITY-ST-ZIP **33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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)(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: **SIGNATURE REQUIRED**

9/11/03

239-433-4323

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

Date

Daytime Phone #

CR2E083 (4/03)