

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003659

Entity Name: KMS, L.L.C.

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

5309 29TH STREET EAST
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

5309 29TH ST. EAST
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 55-0817177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVARY, JOHNSON S JR.
% DUNLAP & MORAN, P.A.
22 SOUTH LINKS, SUITE 300
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

KAPLAN, MARVIN
50 CENTRAL AVENUE
#1702
SARASOTA, FL 34236 US

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: MARVIN KAPLAN

02/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLARD, KEVIN C
Address: 8317 EAGLE DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: MGR () Delete
Name: KAPLAN, MARVIN
Address: P.O. BOX 49586
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: CABRAL, SHAWN
Address: 4444 CENTER GATE BLVD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAWN CABRAL

MM

02/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date