

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000024619

Entity Name: KMS II, L.L.C.

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

50 CENTRAL AVE  
UNIT #1702  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

5309 29TH STREET EAST  
ELLENTON, FL 34222

**New Mailing Address:**

4123 CLARK ROAD  
SARASOTA, FL 34233

FEI Number: 56-2375164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

I hereby 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

MGR

04/10/2011

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