

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000069625

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** KMTM ENTERPRISES "LIMITED LIABILITY COMPANY"

**Current Principal Place of Business:**

2043 ALAQUA LAKES BLVD  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2043 ALAQUA LAKES BLVD  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SMITH, DOUGLAS S CPA  
1497 NW 16 AVENUE  
GAINESVILLE, FL 32605 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:** JONES, D KURT  
**Address:** 2043 ALAQUA LAKES BLVD  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** MGRM  
**Name:** JONES, MISTY  
**Address:** 2043 ALAQUA LAKES BLVD  
**City-St-Zip:** LONGWOOD, FL 32779 US

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:** D KURT JONES

MGR

01/15/2012

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