

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # L04000070126

1. Entity Name
KMC SANDARAC CO., LLC



Principal Place of Business

**C/O RICHARD T. COTTER P.A.
6100 ESTERO BLVD.
FT. MYERS BEACH, FL 33931**

Mailing Address

**C/O MR. & MRS. CHARLES ZASTROW
2992 WOODS EDGE WAY
FITCHBURG, WI 53711**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0125803

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARD T. COTTER, P.A.
6100 ESTERO BLVD.
FT. MYERS BEACH, FL 33931**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZASTROW, CHARLES
2992 WOODS EDGE WAY
FITCHBURG, WI 53711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZASTROW, KATHRYN
2992 WOODS EDGE WAY
FITCHBURG, WI 53711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MILLER, MARY
7709 KENYON
MIDDLETON, WI 53562**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000579289
01/10/07-80001-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Charles Zastrow 608-276-
Jan 4, 2007 3700