


**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90109 008 ****50.00

DOCUMENT # **L 04000077687**

1. Entity Name
KNM Enterprise, LLC



DO NOT WRITE IN THIS SPACE

20053651

CR2E083B (8/05)

2. Principal Place of Business 10686 SW 47 ave		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input checked="" type="checkbox"/> Not Applicable	
City & State OCALA FL		City & State SAME					
Zip 34476	Country USA	Zip 34476	Country	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Nancy K Maynard**

Street Address (P.O. Box Number is Not Acceptable)
10686 SW 47 ave

City **OCALA** FL Zip Code **34476**

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 **Nancy K Maynard** DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nancy K Maynard 10686 SW 47 ave OCALA FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Keith Maynard 10686 SW 47 ave OCALA FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **Nancy K Maynard** **8/11/06** **352-207-3030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #