2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000093648

1. Entity Name KIM'S, L.L.C.



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

470 W S.R. 434 LONGWOOD, FL 32750 Mailing Address

470 W S.R. 434 Longwood, FL 32750



01272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2009650		-	Applied For
5. Certificate of Status Desired		\$5.00 Fee Req	Additional

6. Name and Address of Current Registered Agent

KYU HO KIM 1108 CARDINAL CREEK PLACE OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

OVIEDO, I	FL 32765		IN THIS	SPACE		
	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registe	red agent, or both, in the St	ate of Florida. I am famillar wit	n, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and tritle if applicable.	(NOTE: Registered Agent signisture require	d when remetating)	DATE		
. FI	iling Fee is \$50.00 ue by May 1, 2007		03/2	00000671801 8/07-80043-010 S	0.00	
9.	MANAGING MEMBERS/MANAGERS		•		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KYU HO KIM 8109 OLYMPIA COURT LONGWOOD, FL 32779	:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	DO NO	WRITE	į	
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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						

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:

himby Ho

KYUHO KZM

1/30/07

407-831-1913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #