

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000028891

1. Entity Name
KKCM GROUP, LLC



Principal Place of Business
975 6TH AVENUE STE 200
NAPLES, FL 34102

Mailing Address
975 6TH AVENUE STE 200
NAPLES, FL 34102



08202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1743637

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRUCHTEN, DEMIAN M
975 6TH AVENUE STE 200
NAPLES, FL 34102

**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 September 14, 2007

000000772710
09/23/07-80006-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRUCHTEN, DEMIAN M
975 6TH AVENUE
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRUCHTEN, K. PATRICK
PENTHOUSE ONE, 140 PALM STREET
MARCO ISLAND, FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARR, BRUCE
P.O. BOX 38
OTTERTAIL, MN 56571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MONTENEGRO, CALIXTO
800 5TH AVE S STE 203
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

8-20-07 239 775-8962

Date

Daytime Phone #