## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000030197 1. Entity Name K & M CONSULTING SERVICES L.L.C.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

15111 W. TETHERCLIFT STREET DAVIE, FL 33331

15111 W. TETHERCLIFT STREET DAVIE, FL 33331



01212007No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
51-0552749	Not Applicable
	\$5.00

5. Certificate of Status Desired

**♦5.00** Additiona Fee Required

6.	Name and Add	iress of Currer	nt Registered	i Ageni

KALIN, NEIL 15111 W. TETHERCLIFT STREET DAVIE, FL 33331

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Sometime broad or provided pages of registered agent and title 4 applicable.	(NYX) Projectional Agent complete continue the substitution	DATE
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DAVIE, FL 33331	The second of th	the second of th
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MUTNICK, JOEL		2/21/07-80011-023 50.00 🗇
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COOPER CITY, FL 33026		And the second s
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	Signature, typed or printed name of registered agent and title if applicable.  Iling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBERS/MANAGERS  MGR  KALIN, NEIL  15111 W. TETHERCLIFT STREET  DAVIE, FL 33331  MGRM  MUTNICK, JOEL	Sgnature, typed or purited name of registered agent and title if applicable. (NOTE: Registered Agent agent are required when reinstating)  Illing Fee is \$50.00  WANAGING MEMBERS/MANAGERS  MGR  KALIN, NEIL  15111 W. TETHERCLIFT STREET  DAVIE, FL 33331  MGRM  MUTNICK, JOEL  3404 BIMINI AVENUE  COOPER CITY, FL 33026

11. I hereby certify that the information supplied with the 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 traiting empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WEIL KALIN

2/9/07

154-680-0890

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

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