

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039241

Entity Name: A.F.M.&K., L.L.C.

FILED  
Jan 04, 2011  
Secretary of State

**Current Principal Place of Business:**

909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

FEI Number: 20-4326483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCINNIS, C. JEFFREY ESQUIRE  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ANCHORS, C L ESQUIRE  
Address: 909 MAR WALT DRIVE, SUITE 1014  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM  
Name: FOSTER, W S ESQUIRE  
Address: 909 MAR WALT DRIVE, SUITE 1014  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM  
Name: MCINNIS, C J ESQUIRE  
Address: 909 MAR WALT DRIVE, SUITE 1014  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM  
Name: KEEFE, LAWRENCE ESQUIRE  
Address: 909 MAR WALT DRIVE, SUITE 1014  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: C L ANCHORS

MGRM

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date