


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

02-13-2006 90195 044 ****50.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # L05000041404 1. Entity Name KSM, LIMITED LIABILITY COMPANY | | | |  | |
| Principal Place of Business 6891 SW 130TH TERRACE MIAMI, FL 33156 | | | Mailing Address 6891 SW 130TH TERRACE MIAMI, FL 33156 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 8. Name and Address of Current Registered Agent MERRILL, KEITH J ESQ 1320 SOUTH DIXIE HIGHWAY, SUITE 731 CORAL GABLES, FL 33146 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ | |
| 6. 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 <i>Keith J Merrill</i> | | DATE 2/8/06 | | (NOTE: Registered Agent signature required when resigning) _____ | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>Managing Member Keith J Merrill 6891 SW 130 Terr Miami, FL 33156</i> <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 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: <i>Keith J Merrill</i> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ | | | |

30001587



01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number **59-3806938** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



ATTACHMENT

30001587

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

KSM, LIMITED LIABILITY COMPANY
6891 SW 130TH TERRACE
MIAMI, FL 33156

Subject: KSM, LIMITED LIABILITY COMPANY

Reference Number: L05000041404

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION