

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059907

Entity Name: KIM-E ROY, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1881 MARIZANA AVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

1881 MANZANA AVE
PUNTA GORDA, FL 33950

Current Mailing Address:

1881 MARIZANA AVE
PUNTA GORDA, FL 33950

New Mailing Address:

1881 MANZANA AVE
PUNTA GORDA, FL 33950

FEI Number: 51-0416815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROY, KIM-E
207 CROSS STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

ROY, KIM-E
423 MATARES DR
PUNTA GORDA, FL 33950 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROY, KIM-E
Address: 423 MATARES DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: ROY, DAMON
Address: 423 MATARES DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR () Delete
Name: MENTLEY, KIM
Address: 2212 RYAN BLVD
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR () Delete
Name: POIRIER, ANDREA
Address: 10195 INDIAN RIVER RD
City-St-Zip: FT PIERCE, FL 34982

Title: MGR () Delete
Name: NEALIEGH, ERIN
Address: 610 SE 26TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROY, KIM-E
Address: 423 MATARES DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KIM-E. ROY

MGRM

03/24/2009

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