

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90441 008 \*\*\*\*50.00

**DOCUMENT # L05000062945**

1. Entity Name

KYMAT II, LLC



Principal Place of Business

1880 8TH COURT S.W.  
VERO BEACH FL 32962

Mailing Address

1880 8TH COURT S.W.  
VERO BEACH FL 32962



2. Principal Place of Business - No P.O. Box #

9045 Americana Way  
Suite 28

3. Mailing Address

4412 5th Place S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

20-3050303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

Zip

Country

32966

Zip

Country

32968

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRK, WILLIAM N ESQ.  
979 BEACHLAND BLVD.  
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete  
NAME WINDLAN, CHRISTOPHER R  
STREET ADDRESS 1080 8TH COURT SOUTHWEST  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE ☒ Change ☐ Addition  
NAME 1880  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME WINDLAN, MONICA  
STREET ADDRESS 1080 8TH COURT SOUTHWEST  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE ☒ Change ☐ Addition  
NAME 1880  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Monica Windlan Monica Windlan 03-15-07 (772)633-1485

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

Date

Daytime Phone #