

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110552

Entity Name: K-MAX, LLC

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

835 EAST YORKSHIRE LANE
HOLDER, FL 34445 US

New Principal Place of Business:

3858 N CITRUS AVE
CRYSTAL RIVER, FL 34448 US

Current Mailing Address:

835 EAST YORKSHIRE LANE
HOLDER, FL 34445 US

New Mailing Address:

7360 W COPENHAGEN ST
DUNNELLON, FL 34433 US

FEI Number: 20-3844665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, ROBERT B
835 EAST YORKSHIRE LANE
HOLDER, FL 34445 US

Name and Address of New Registered Agent:

KLINE, ROBERT B
7360 W COPENHAGEN ST
DUNNELLON, FL 34433 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: ROBERT B KLINE

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KLINE, ROBERT B
Address: 835 EAST YORKSHIRE LANE
City-St-Zip: HOLDER, FL 34445 US

Title: MGR () Delete
Name: HOHMANN, ARTHUR J
Address: 2 SOUTH BISCAYNE BOULEVARD, #2680
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KLINE, ROBERT B
Address: 7360 W COPENHAGEN ST
City-St-Zip: DUNNELLON, FL 34433 US

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: ROBERT B KLINE

MGR

04/02/2008

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