

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112640

Entity Name: K & M TOOLS LLC

FILED
Jun 13, 2008
Secretary of State

Current Principal Place of Business:

704 228TH AVE NE
#121
SAMMAMISH, WA 98074

New Principal Place of Business:

1298 CAPPS RD
MCEWEN, TN 37101

Current Mailing Address:

704 228TH AVE NE
#121
SAMMAMISH, WA 98074

New Mailing Address:

1298 CAPPS RD
MCEWEN, TN 37101

FEI Number: 20-3826474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EMERY, MARK
918 W DIXIE AVE
LEESBURG, FL 34748 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 () Delete
Name: DAVIS, MICHAEL
Address: 704 228TH AVE NE #121
City-St-Zip: SAMMAMISH, WA 98074

Title: MGRM () Delete
Name: DAVIS, KARIN
Address: 704 228TH AVE NE #121
City-St-Zip: SAMMAMISH, WA 98074

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, MICHAEL
Address: 1298 CAPPS
City-St-Zip: MCEWEN, TN 37101

Title: MGRM (X) Change () Addition
Name: DAVIS, KARIN
Address: 1298 CAPPS RD
City-St-Zip: MCEWEN, TN 37101

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: KARIN DAVIS

MGRM

06/13/2008

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