


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000113190

1. Entity Name
KIMBLE, LLC



Principal Place of Business 3285 FRASER CT KISSIMMEE, FL 34746 US	Mailing Address 3285 FRASER CT KISSIMMEE, FL 34746 US
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DO NOT WRITE IN THIS SPACE



04162007No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2544183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KIMBLE, HAROLD K
 3285 FRASER CT
 KISSIMMEE, FL 34746**

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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: *Harold K Kimble* DATE: 4/16/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIMBLE, HAROLD K 3285 FRASER CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIMBLE, EUNIS 3285 FRASER CT KISSIMMEE, FL 34746
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 05/02/07-80094-002 50.00

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: *Eunis Kimble* DATE: 4/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #