

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000052536

Entity Name: KOW, LLC

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

824 HEWITT DRIVE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

824 HEWITT DRIVE  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 20-4988308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART, JAMIE M  
824 HEWITT DRIVE  
PORT ORANGE, FL 32127 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  
Name: STEWART, LEE W  
Address: 824 HEWITT DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: STEWART, JAMIE M  
Address: 824 HEWITT DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: NELON, KIMBERLY S  
Address: 824 HEWITT DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: NELON, GARY P  
Address: 824 HEWITT DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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: JAMIE STEWART

MS

01/09/2011

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