

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000079569

Entity Name: KMJ GROUP LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

565-C JACKSON AVE  
SATELLITE BEACH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 150131  
ALTAMONTE SPRINGS, FL 32715 US

**New Mailing Address:**

FEI Number: 20-5378075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAG CONSULTING COMPANY, LLC  
565-C JACKSON AVE  
SATELLITE BEACH, FL 32937 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: MGR  
Name: CULP, JUSTIN  
Address: 565-C JACKSON AVE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGR  
Name: CULP, MICHELLE  
Address: 565-C JACKSON AVE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGR  
Name: MURPHY, M KATHLEEN  
Address: PO BOX 150131  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715 US

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: M KATHLEEN MURPHY

MGR

04/27/2010

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