

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000093198

1. Entity Name
KRM ENTERPRISES LLC



Principal Place of Business
**101 SOUTH GULFSTREAM AVE., #4-C
SARASOTA, FL 34236**

Mailing Address
**101 SOUTH GULFSTREAM AVE., #4-C
SARASOTA, FL 34236**



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000892246
04/23/08-80057-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOWERY, RICK W 101 SOUTH GULFSTREAM AVE., #4-C SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOWERY, KRISTINE L 101 SOUTH GULFSTREAM AVE., #4-C SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOWERY, KRISTINE L 101 SOUTH GULFSTREAM AVE., #4-C SARASOTA, FL 34236
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kristine L Mowery *4-8-08* *941-316-0859*