

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108068

Entity Name: K&M&M, LLC

FILED
Jan 18, 2008
Secretary of State

Current Principal Place of Business:

2855 WORK DRIVE
#16
FORT MYERS, FL 33916

Current Mailing Address:

2855 WORK DRIVE
#16
FORT MYERS, FL 33916

New Principal Place of Business:

1849 BENCHMARK AVENUE
UNIT #105
FORT MYERS, FL 33905

New Mailing Address:

1849 BENCHMARK AVENUE
UNIT #105
FORT MYERS, FL 33905

FEI Number: 20-5840593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN, MICHAEL S
6385 PRESIDENTIAL COURT
SUITE 108
FORT MYERS, FL 33919 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: KINTER, JOHN
Address: 1415 NW 9TH AVENUE
City-St-Zip: CAPE CORAL, FL 33993

Title: MGRM () Delete
Name: MOORHEAD, CRAIG
Address: 6672 DABNEY STREET
City-St-Zip: FORT MYERS, FL 33966

Title: MGRM () Delete
Name: MOFF, DOUGLAS E
Address: 10681 DEER RUN FARMS ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN KINTER

VP

01/18/2008

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