2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118119

Entity Name: KOMON, LLC

Address:

City-St-Zip:

501 BARRACUDA BLVD

KEY LARGO, FL 33037

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ELAND DRIVE 30, FL 33037			
Current Mailing Address:			New Mailing Address:	
	ELAND DRIVE GO, FL 33037			
FEI Number: 20-8031158		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
KEY LARC	ELAND DRIVE GO, FL 33037	US		
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUI	RE:			
	Electroni	c Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () MONNEY, NEIL 49 SHORELAND KEY LARGO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () MONNEY, JULLI 49 SHORELAND KEY LARGO, FL	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () KOBLICK, IAN 1 501 BARRACUD KEY LARGO, FL	A BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () KOBLICK, TONY	Delete 'A A TRUSTEE	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: NEIL MONNEY MGRM 04/26/2009