

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005942

Entity Name: K.T.M. ASSOCIATES, LLC

FILED
Sep 08, 2009
Secretary of State

Current Principal Place of Business:

1501 LAWSON PALM COURT
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1501 LAWSON PALM COURT
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-8199122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEMOLY, KEITH
1501 LAWSON PALM COURT
APOPKA, FL 32712 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 () Delete
Name: MEMOLY, KEITH
Address: 1501 LAWSON PALM COURT
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: MEMOLY, TIFFANY
Address: 1501 LAWSON PALM COURT
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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: KEITH MEMOLY

MGR

09/08/2009

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