

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098254

Entity Name: KM PROFESSIONAL, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

3200 N FEDERAL HWY
STE 124
BOCA RATON, FL 33431

Current Mailing Address:

3200 N FEDERAL HWY
STE 124
BOCA RATON, FL 33431

New Principal Place of Business:

3200 N FEDERAL HWY
STE 227
BOCA RATON, FL 33431

New Mailing Address:

3200 N FEDERAL HWY
STE 227
BOCA RATON, FL 33431

FEI Number: 30-0441833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ROEFARO, GENO R
3200 N FEDERAL HWY
STE 227
BOCA RATON, FL 33431 US

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: GENO ROEFARO

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ROEFARO, GENO
Address: 3200 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Delete
Name: MAIER, KYLE R
Address: 3200 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ROEFARO, GENO R
Address: 3200 N FEDERAL HWY STE 227
City-St-Zip: BOCA RATON, FL 33431

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: GENO R. ROEFARO

P

04/15/2009

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