

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000010783

Entity Name: KORNER SUPPLY, LLC

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8430 COUNTY ROAD 13 N.  
ST. AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

8430 COUNTY ROAD 13 N.  
ST. AUGUSTINE, FL 32092 US

**New Mailing Address:**

FEI Number: 26-1867003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBEE, TEX  
830-13 A1A N. PMB 199  
PONTE VEDRA BEACH, FL 32082 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  
Name: BARBEE, TEX L  
Address: 830-13 A1A N. PMB 199  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM  
Name: BARBEE, CYNTHIA  
Address: 830-13 A1A N. PMB 199  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM  
Name: VONA, AARON  
Address: 7005 COUNTY ROAD 208  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

I hereby 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: TEX L. BARBEE

MGRM

01/18/2012

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