

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041009

FILED
Jun 29, 2009
Secretary of State

Entity Name: KFM15, LLC.

Current Principal Place of Business:

17 BELLEVIEW DR
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

17 BELLEVIEW DR
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 26-2796567 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:

Name and Address of New Registered Agent:

OSSIAN, MARK A
2201 NE COACHMAN ROAD STE 200
CLEARWATER, FL 33765 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCLAUGHLIN, KENNETH F
Address: 17 BELLEVIEW DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM () Delete
Name: TYLER, LINDA J
Address: 17 BELLEVIEW DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGR () Delete
Name: METZGER, KAREN M
Address: 120 PRYSI PARKWAY SE
City-St-Zip: NEW PHILADELPHIA, OH 44663

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: LINDA J TYLER

MGRM

06/29/2009

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