2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L08000049724

Entity Name: KPMG, LLC

Current Principal Place of Business:

3414 TARBOLTON WAY
LAND O LAKES, FL 34638 US

New Principal Place of Business:

Current Mailing Address:

3414 TARBOLTON WAY
LAND O LAKES, FL 34638 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

MITCHELL, BRITTAN L
197 N. SPORTMANS PT
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

WILLIAMS, KEMPTON L
3414 TARBOLTON WAY
LAND O LAKES, FL 34638 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: KEMPTON WILLIAMS 05/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILLIAMS, KEMPTON B
Address: 3414 TARBOLTON WAY
City-St-Zip: LAND O LAKES, FL 34453 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILLIAMS, KEMPTON B
Address: 3414 TARBOLTON WAY
City-St-Zip: LAND O LAKES, FL 34453 US

Title: MGRM ( ) Change (X) Addition
Name: WILLIAMS, JENNIFER L
Address: 3414 TARBOLTON WAY
City-St-Zip: LAND O LAKES, FL 34638

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: KEMPTON WILLIAMS MGR 05/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date