

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003336

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** KMA ALLIED, LLC

**Current Principal Place of Business:**

589 THORNBURG ROAD  
BABSON PARK, FL 33827

**New Principal Place of Business:**

**Current Mailing Address:**

589 THORNBURG ROAD  
BABSON PARK, FL 33827

**New Mailing Address:**

**FEI Number:** 27-1015230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AIRTH T, H. ADAM JR, LLM  
500 SOUTH FLORIDA AVE.  
SUITE 300  
LAKELAND, FL 33813 US

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

AIRTH, HAL A JR  
500 SOUTH FLORIDA AVE.  
SUITE 300  
LAKELAND, FL 33813 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: HAL A. AIRTH, JR.

04/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSTHOFF, BRUCE E  
Address: 589 THORNBURG ROAD  
City-St-Zip: BABSON PARK, FL 33827

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: BRUCE E. OSTHOFF

MGRM

04/06/2012

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