

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000119953

**FILED**  
**Mar 10, 2012**  
**Secretary of State**

**Entity Name:** KOHLER MANAGEMENT LLC

**Current Principal Place of Business:**

434 SW MOUNT OLIVE CHURCH ROAD  
LAMONT, FL 32336

**New Principal Place of Business:**

**Current Mailing Address:**

434 SW MOUNT OLIVE CHURCH ROAD  
LAMONT, FL 32336

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOHLER, JONATHAN  
434 SW MOUNT OLIVE CHURCH ROAD  
LAMONT, FL 32336 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: MGR  
Name: KOHLER, JONATHAN  
Address: 434 SW MOUNT OLIVE CHURCH ROAD  
City-St-Zip: LAMONT, FL 32336

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: JONATHAN KOHLER

MGR

03/10/2012

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