

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000002739

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** KENANSVILLE MUTUAL, LLC

**Current Principal Place of Business:**

154 AVENUE H, STE. 1  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 117  
KENANSVILLE, FL 34739

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PALMA, ANTHONY W ESQ  
390 NORTH ORANGE AVENUE, STE. 1400  
ORLANDO, FL 32801 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: REW, DIANA H  
Address: P.O. BOX 117  
City-St-Zip: KENANSVILLE, FL 34739

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: DIANA REW

MS.

01/27/2011

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