

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000084357

Entity Name: KMBL, LLC

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

302 ST. PETERSBURG DRIVE  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

790 WILD OAK LANE  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

FEI Number: 27-3233393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLLINKA, DAVID J  
1835 HEALTH CARE DRIVE  
TRINITY, FL 34655 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: MGRM  
Name: LAWTON, WILLIAM T  
Address: 790 WILD OAK LANE  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM  
Name: LAWTON, KIM M  
Address: 790 WILD OAK LANE  
City-St-Zip: PALM HARBOR, FL 34683 US

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: WILLIAM LAWTON

MGRM

02/01/2011

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