

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000031128

Entity Name: KIM PRO LLC

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

22205 CR 349  
OBRIEN, FL 32071

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 996  
BRANFORD, FL 32008

**New Mailing Address:**

FEI Number: 45-0832451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PROCKO, KIMBERLY  
22205 CR 349  
OBRIEN, FL 32071 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: PROCKO, KIMBERLY  
Address: 22205 CR 349  
City-St-Zip: OBRIEN, FL 32071

Title: MGRM  
Name: PROCKO, BILL  
Address: 22205 CR 349  
City-St-Zip: OBRIEN, FL 32071

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: KIMBERLY PROCKO

MRS

01/21/2012

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