

2016 LIMITED LIABILITY PARTNERSHIP ANNUAL REPORT
(FEE IS \$25.00! REPORT DUE BY MAY 1, 2016)

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

16 FEB 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTRATION # LLP970000284

1. Name and Mailing Address

KPMG LLP

100 N. TAMPA ST., SUITE 1700
TAMPA, FL 33602-5145

LLP #

LLP160000464-8
02/23/16--01037--001 **\$33.75
CR2E029 (2/10)

2. New Mailing Address, if Applicable:

Suite, Apt #, etc.

City State Zip Code

4. New Principal Office Address, if Applicable:

Suite, Apt #, etc.

City State Zip Code

3. Principal Place of Business Address

THREE CHESTNUT RIDGE ROAD
SUITE 2800
MONTVALE, NJ 07645-0435

5. Federal Employee Identification Number

13-5565207

Applied For
Not Applicable

6. Certificate of Status Desired:

\$8.75 Additional Fee Required

7. Name and Address of Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

8. New Name and/or Address of Registered Agent:

Name

Street Address (P.O. Box Number is Not Acceptable)

City State Zip Code

FL

9. New Registered Agent's Signature, If Changed

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: _____

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE.

Date

10. General Partner's Signature (REQUIRED)

The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PARTNER.

Date

Daytime Phone #

E-mail Address: _____

us-eclicensing@kpmg.com
(To be used for future annual report notifications)

2/18/16 813-301-2309