

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90073 028 ****50.00

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1. Entity Name
KYLASAM, LLC



Walden Lakewood

Principal Place of Business
602 E. ALEXANDER ST
PLANT CITY, FL 33563

Mailing Address
4420 HWY 1960 WEST
SUITE 224
HOUSTON, TX 77068

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
61-1423703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEATING, JOHN K.
749 NORTH GARLAND AVENUE
SUITE 101
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KYLASAM CORPORATION
STREET ADDRESS	749 NORTH GARLAND AVENUE, SUITE 101
CITY - ST - ZIP	ORLANDO, FL 32801

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #