

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122023

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** KALAMATA SKALA HOLDINGS, LLC

**Current Principal Place of Business:**

408 TROLLEY WAY  
WEST CHESTER, PA 19382 US

**New Principal Place of Business:**

**Current Mailing Address:**

408 TROLLEY WAY  
WEST CHESTER, PA 19382 US

**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:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: T  
Name: ANGELAKOS, MICHAEL  
Address: 408 TROLLEY WAY  
City-St-Zip: WEST CHESTER, PA 19382

Title: D  
Name: ANGELAKOS, MICHAEL  
Address: 408 TROLLEY WAY  
City-St-Zip: WEST CHESTER, PA 19382

Title: P  
Name: ANGELAKOS, ELENI  
Address: 408 TROLLEY WAY  
City-St-Zip: WEST CHESTER, PA 19382

Title: D  
Name: ANGELAKOS, ELENI  
Address: 408 TROLLEY WAY  
City-St-Zip: WEST CHESTER, PA 19382

Title: S  
Name: KOMINAKOS, DIMITRIOS  
Address: 416 99TH STREET  
City-St-Zip: BROOKLYN, NY 11209

Title: D  
Name: KOMINAKOS, DIMITRIOS  
Address: 416 99TH STREET  
City-St-Zip: BROOKLYN, NY 11209

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: MICHAEL ANGELAKOS

MGRM

03/16/2011

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