

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000073789

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** KALAMATA RESEARCH SERVICES LLC

**Current Principal Place of Business:**

809 PALMETTO  
MELBOURNE, FL 32902 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 880  
MELBOURNE, FL 32902 US

**New Mailing Address:**

**FEI Number:** 20-3216499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOUVIER, PAUL A  
3210 N. WICKHAM ROAD  
SUITE 5  
MELBOURNE, FL 32935 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:** ANTHONY J. DIANA, INC.  
**Address:** 754 HUNAN  
**City-St-Zip:** PALM BAY, FL 32907 US

**Title:** MGRM  
**Name:** GLOBAL STRATEGY GROUP LLC  
**Address:** 895 BROADWAY, 5TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10003 US

**Title:** MGR  
**Name:** POWER, BRITT  
**Address:** 895 BROADWAY, 5TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10003 US

**Title:** MGR  
**Name:** STELLA, CHRIS  
**Address:** 5591 BABCOCK STREET  
**City-St-Zip:** PALM BAY, FL 32907 US

**Title:** MGR  
**Name:** DIANA, ANTHONY J  
**Address:** 754 HUNAN  
**City-St-Zip:** PALM BAY, FL 32907 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:** ANTHONY DIANA

MGR

04/28/2011

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