

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028807

Entity Name: KA STRATEGIES, LLC

Current Principal Place of Business:

255 ALHAMBRA CIRCLE, SUITE #600
CORAL GABLES, FL 33134

Current Mailing Address:

255 ALHAMBRA CIRCLE, SUITE #600
CORAL GABLES, FL 33134 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MGR
Name ALIBHAI, KARIM
Address 255 ALHAMBRA CIRCLE, SUITE #600
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name BEZOLD, TOM
Address 255 ALHAMBRA CIRCLE, SUITE #600
City-State-Zip: CORAL GABLES FL 33134

Title AS
Name LEVITT, JULIE
Address 255 ALHAMBRA CIRCLE, SUITE #600
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name BEZOLD, THOMAS J
Address 255 ALHAMBRA CIRCLE, SUITE #600
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name LAKE, GARY
Address 255 ALHAMBRA CIRCLE, SUITE #600
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE LEVITT

AS

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date