

**2016 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:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MGR
Name	BEZOLD, THOMAS J
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	VP
Name	LAKE, GARY
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

*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

03/03/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date