

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000062705

**Entity Name:** KALA PRESERVE, LLC

**Current Principal Place of Business:**

1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

625 STONY RIDGE ROAD  
HEBER SPRINGS, AR 72543 US

**FEI Number:** 26-0353805

**Certificate of Status Desired:** Yes

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

BIST, MICHAEL P  
1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308 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                    | Title           | MGR                           |
| Name            | GILBRECH, JEFF         | Name            | MARKS, RUSSELL                |
| Address         | 625 STONY RIDGE ROAD   | Address         | 8230 LEESBURG PIKE, SUITE 500 |
| City-State-Zip: | HEBER SPRINGS AR 72543 | City-State-Zip: | VIENNA VA 22182               |

*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:** JEFF GILBRECH

**MEMBER**

**04/03/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date