

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061158

**Entity Name:** KACI, LLC

**Current Principal Place of Business:**

2695 PONCE DE LEON DRIVE  
SUITE 103  
NAPLES, FL 34105

**Current Mailing Address:**

855 18TH AVE S  
NAPLES, FL 34102

**FEI Number:** 27-0422865

**Certificate of Status Desired:** No

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

CMS INTERNATIONAL ENTERPRISES, INC  
550 BILTMORE WAY SUITE200  
CORAL GABLES, FL 33134 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 MGRM  
Name LAM, KEVIN K  
Address 855 18TH AVE S  
City-State-Zip: NAPLES FL 34102

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN K. LAM

**MANAGER**

**04/25/2013**

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

\_\_\_\_\_  
Date