

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000062528

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC0164350044**

**Entity Name:** KAPTIVATE TWO LLC

**Current Principal Place of Business:**

2682 LITTLE BEND PL  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

2682 LITTLE BEND PL  
MERRITT ISLAND, FL 32952 US

**FEI Number:** 27-0416068

**Certificate of Status Desired:** No

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

HERON, KATHRYN E  
2682 LITTLE BEND PL  
MERRITT ISLAND, FL 32952 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 HERON, KATHRYN E  
Address 2682 LITTLE BEND PL  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGRM  
Name HERON, TROY J  
Address 2682 LITTLE BEND PL  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGRM  
Name HERON, TODD J  
Address 7157 COMRIE CT  
City-State-Zip: WARRENTON VA 20187

*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:** KATHRYN E. HERON

**MANAGING MEMBER**

**01/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date