

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000111529

Entity Name: KABAFUSION, LLC**Current Principal Place of Business:**17777 CENTER CT DR STE 550
CERRITOS, CA 90703**Current Mailing Address:**17777 CENTER CT DR STE 550
CERRITOS, CA 90703**FEI Number:** 27-1196748**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	MASOOD, SOHAIL
Address	17777 CENTER COURT DRIVE SUITE 550
City-State-Zip:	CERRITOS CA 90703

Title	SECRETARY
Name	MASOOD, ASLAM
Address	17777 CENTER COURT DRIVE SUITE 550
City-State-Zip:	CERRITOS CA 90703

Title	CFO
Name	MERCHANT, SOHAIL
Address	17777 CENTER CT DR STE 550
City-State-Zip:	CERRITOS CA 90703

Title	CHIEF CLINICAL OFFICER
Name	RIGAS, MICHAEL
Address	17777 CENTER CT DR STE 550
City-State-Zip:	CERRITOS CA 90703

Title	MEMBER
Name	KABAFUSION HOLDINGS LLC
Address	17777 CENTER CT DR STE 550
City-State-Zip:	CERRITOS CA 90703

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: SOHAIL MASOOD**PRESIDENT****01/15/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date