

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000767

**Entity Name:** KARA SUE, LLC

**Current Principal Place of Business:**

100 HOSPITAL STREET #300  
BOONEVILLE, MS 38829

**Current Mailing Address:**

100 HOSPITAL STREET #300  
BOONEVILLE, MS 38829

**FEI Number:** 27-4434938

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 CHASE, DAVID G  
Address 100 HOSPITAL STREET #300  
City-State-Zip: BOONEVILLE MS 38829

Title MGRM  
Name CHASE, KARA S  
Address 100 HOSPITAL STREET #300  
City-State-Zip: BOONESVILLE FL 38829

*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:** KARA S CHASE

MEMBER

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date