

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000022758

**Entity Name:** KAPLAN SCHILLER RESEARCH, LLC.

**Current Principal Place of Business:**

1213 NE 6TH AVE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

PO BOX 13853  
GAINESVILLE, FL 32604

**FEI Number:** 45-3529755

**Certificate of Status Desired:** No

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

SCHILLER, K. CAMERON  
1213 NE 6TH AVE  
GAINESVILLE, FL 32601 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 SCHILLER, K. CAMERON  
Address 1213 NE 6TH AVE  
City-State-Zip: GAINESVILLE FL 32601

Title MGRM  
Name KAPLAN, FATMA  
Address 1213 NE 6TH AVE  
City-State-Zip: GAINESVILLE FL 32601

*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:** K. CAMERON SCHILLER

**MGRM**

**04/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date