

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000009372

**Entity Name:** MSKAP, LLC

**Current Principal Place of Business:**

4027 WOLVERTON B  
BOCA RATON, FL 33434

**Current Mailing Address:**

4027 WOLVERTON B  
BOCA RATON, FL 33434

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KATZ, MANUEL  
4027 WOLVERTON B  
BOCA RATON, FL 33434 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 KATZ, MANUEL  
Address 4027 WOLVERTON B  
City-State-Zip: BOCA RATON FL 33434

Title MGRM  
Name KATZ, SARAH  
Address 4027 WOLVERTON B  
City-State-Zip: BOCA RATON FL 33434

*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: MANUEL KATZ**

**MANAGER**

**02/23/2017**

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

\_\_\_\_\_  
Date