

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000069375

Entity Name: K.A. OF CLERMONT, LLC**Current Principal Place of Business:**8615 COMMODITY CIR STE 6
ORLANDO, FL 32819**Current Mailing Address:**8615 COMMODITY CIR STE 6
ORLANDO, FL 32819 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING & CONSULTING SERVICES LLC
8615 COMMODITY CIR STE 6
ORLANDO, FL 32819 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:** CAROLINE LARSON

03/18/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	LARSON, CAROLINE
Address	11632 BLACK RAIL ST
City-State-Zip:	WINDERMERE FL 34786

Title	AMBR
Name	GARCIA PEREIRA, MARCOS ANTONIO
Address	AVENIDA OMAR DAIBERT 1 CASA 873
City-State-Zip:	SAO BERNARDO DO CAMPO SP 09820--680

Title	AMBR
Name	OBJECTIVE USA LLC
Address	6150 METROWEST BLVD STE 305B
City-State-Zip:	ORLANDO FL 32835

Title	AMBR
Name	NAMIE KATO, KAREN CRISTINA
Address	RUA JOSE LIMA FILHO 95
City-State-Zip:	SAO BERNARDO DO CAMPO SP 09812--330

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: LARSON , CAROLINE

AMBR

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date