

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000069375

**Entity Name:** K.A. OF CLERMONT, LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PKWY  
STE 17  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PKWY  
STE 17  
ORLANDO, FL 32819 US

**FEI Number:** 46-5550145

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING & CONSULTING SERVICES LLC  
7901 KINGSPONTE PKWY  
STE 17  
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

04/21/2016

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:** CAROLINE LARSON

AMBR

04/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date