

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000071038

**FILED**  
**Mar 28, 2020**  
**Secretary of State**  
**1290027057CC**

**Entity Name:** KATOM EXECUTIVE LLC

**Current Principal Place of Business:**

2393 SOUTH CONGRESS AVE  
SUITE 227  
PALM SPRINGS, AL 33461

**Current Mailing Address:**

P. O. BOX 18707  
WEST PALM BEACH, AL 33416 US

**FEI Number:** 84-3524274

**Certificate of Status Desired:** No

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

FORD, ELOGE  
2705 10TH AVE NORTH  
LAKE WORTH, FL 33461 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:** FORD ELOGE

03/28/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ELOGE, FORD  
Address P. O. BOX 18707  
City-State-Zip: WEST PALM BEACH AL 33416

Title CEO  
Name ELOGE, FORD  
Address 2705 10TH AVE NORTH  
City-State-Zip: LAKE WORTH FL 33461

Title ASSO  
Name MATHIAS, PAUL  
Address 4824 SPARTACUS DR.  
City-State-Zip: LAKE WORTH FL 33463

Title ASSO  
Name CADEVIL, LAVAUD S  
Address P. O. BOX 18707  
City-State-Zip: WEST PALM BEACH FL 33416

*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:** FORD ELOGE

**MANAGER**

03/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date