2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90226 040 ***138.75

DOCUI 1. Entity Nam KAJAM, L		440	A A A A A A A A A A A A A A A A A A A			04-07-2008	90226 04	40 ***13	88.75
Principal Place of Business Mailing Address						5002011.	Į.		
5115 JOANNE KEARNEY BLVD TAMPA, FL 33619		PO BOX 5299 Tampa, Fl. 33675-5299							
IAMI A, IL	33013	TRIBLE A, LE 03073 32.	<i>JJ</i>		1 188 11814 847	8 2 11	11 87111 28161 18 7 11	A (A) 618 62	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_					
		City & State		4. FEI Numbe	Chg-LLC	CRZEUO		plied For	
City & State		City & State		59-365			<u> </u>	t Applicable	
Zip	Country	Zìp	Country	′	5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
REED JAI	MES M			Name					
REED, JAMES M 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619				Street Address (P.O. Box Number is Not Acceptable)					
1500 5,11	C 00010								
			1	City			FL	Zip Cod	9
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered	office or regist	ered agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title 4 applicable. (NOTE	E: Registered A	lgent signaturé requir	ed when reinstating)		DATE		
FILÉ After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75			<u> </u>	•		e check pa i Departme	•	
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBE		10.				Departme	•	
After May 9. TITLE	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBE		10.			Florida	Departme CHANGES	•	Addition
After May	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS	10. TITLE NAME	ADDRESS		Florida	Departme CHANGES	nt of State	-
9. TITLE NAME	MANAGING MEMBE MGRM HARRIS, TRACY J JR. 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619	RS/MANAGERS	10. TITLE NAME	ADDRESS		Florida	Departme CHANGES	nt of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM HARRIS, TRACY J JR. 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619 MGRM	RS/MANAGERS	10. TITLE NAME STREET - CITY - ST	ADDRESS		Florida	CHANGES	nt of State	-
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM HARRIS, TRACY J JR. 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619	RS/MANAGERS	10. TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS		Florida	CHANGES	nt of State	☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(813) 435-7777