

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013060

1. Entity Name
KADA LLC



Principal Place of Business
**1700 LAKESIDE AVENUE
ST. AUGUSTINE, FL 32084**

Mailing Address
**1700 LAKESIDE AVENUE
ST. AUGUSTINE, FL 32084**



01132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677858

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYLE, DAVID F
1700 LAKESIDE AVENUE
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BOYLE, DAVID F
STREET ADDRESS	1700 LAKESIDE AVENUE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	MGRM
NAME	BOYLE, RICHARD E
STREET ADDRESS	1700 LAKESIDE AVENUE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	MGRM
NAME	BOYLE, CAROLE H
STREET ADDRESS	1700 LAKESIDE AVENUE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000187121
01/21/05-80086-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DFB Boyle DAVID F BOYLE

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

1/12/05 904 823 1590

Date

Daytime Phone #