

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000237	
1. Entity Name KATHE KOZLOWSKI, LLC	

Principal Place of Business 1550 MADRUGA AVE., SUITE 301 CORAL GABLES FL 33146	Mailing Address PO BOX 4607 BOYNTON BEACH FL 33146
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 65-1069270	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

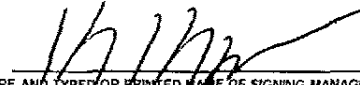
6. Name and Address of Current Registered Agent KOZLOWSKI, KATHE ESQ. 1550 MADRUGA AVE., SUITE 301 CORAL GABLES FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above 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
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOZLOWSKI, KATHE 1550 MADRUGA AVE STE 301 CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000200856 ☐ Change ☐ Addition 01/28/05-80044-014 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE: 1/24/05	DAYTIME PHONE #: 305-661-3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		