

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000001204

1. Entity Name
KAB, LLC



Principal Place of Business

1990 MAIN STREET
801
SARASOTA, FL 34236

Mailing Address

1990 MAIN STREET
801
SARASOTA, FL 34236



02072007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1092810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBERIO, ALLEN J
1990 MAIN STREET, SUITE 801
SARASOTA, FL 34236

**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 reconstituting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARBERIO, ALLAN J
STREET ADDRESS	1990 MAIN STREET, SUITE 801
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGR
NAME	BARBERIO, KAY
STREET ADDRESS	1990 MAIN STREET, SUITE 801
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	BARBERIO, MICHAEL A
STREET ADDRESS	1990 MAIN STREET, SUITE 801
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	BARBERIO, DANIEL J
STREET ADDRESS	1990 MAIN STREET, SUITE 801
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04.03.07-80016-019 50.00

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: ✓ Allan J Barberio - Manager

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

Date

Daytime Phone #

3/28/07

941 356522