

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90104 040 ****50.00

DOCUMENT # L01000006184

1. Entity Name

KAS, LLC



Principal Place of Business

**5196 DESERT VIXEN RD
PALM BEACH GARDENS FL 33410**

Mailing Address

**5196 DESERT VIXEN RD
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

2505 Metrocentre Boulevard

3. Mailing Address

2505 Metrocentre Boulevard

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1101816

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ARON, JERRY E

**5196 DESERT VIXEN RD
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2505 Metrocentre Boulevard, Suite

Suite 301

City

West Palm Beach

FL

Zip Code

33407

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **KOHN, ALAN**
STREET ADDRESS **2419 PROSPERITY BAY CT.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **VPS** ☐ Delete
NAME **SONG, JIANG**
STREET ADDRESS **3401 EMBASSY DRD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VPD** ☐ Delete
NAME **ARON, JERRY E**
STREET ADDRESS **5196 DESERT VIXEN RD.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature of Jerry E Aron

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

Date

Daytime Phone #

CR2E083 (10/02)