2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90083 009 ****50.00

DOCUMENT # L01000007998

1. Entity Name
KDA, L.L.C.

Principal Place of Business	Mailing Address
1151 S.W. 156TH AVE. PEMBROKE PINES FL 33027	1151 S.W. 156TH AVE. PEMBROKE PINES FL 33027

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	4267 NW 115th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CORAL SPRINGS, FL
Zip / Country	Zip: 33065 / Country

4. FEI Number — ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
201 S. BISCAYNE BLVD., STE. 850
SPENCER FOX-PRES, COHEN/FOX, P.A.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: PAUL TAVILLA
Street Address (P.O. Box Number Is Not Acceptable): 4267 NW 115th AVE
City: CORAL SPRINGS FL Zip Code: 33065

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.

SIGNATURE: [signature] PAUL TAVILLA PRESIDENT 2-26-02
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAKTAV CO. 1151 S.W. 156TH AVE. PEMBROKE PINES FL 33027 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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 REQUIRED [signature] PAUL TAVILLA 1-9-02 954-907-2633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #