


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90400 004 ***138.75

DOCUMENT # L02000022447					
1. Entity Name KYLASAM, LLC					
Principal Place of Business 602 E. ALEXANDER ST PLANT CITY, FL 33563			Mailing Address 4420 HWY 1960 WEST SUITE 224 HOUSTON, TX 77068		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 61-1423703	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEATING, JOHN K 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name <u>John K. Keating</u> Street Address (P.O. Box Number is Not Acceptable) <u>250 East Colonial Drive, Suite 300</u> City <u>Orlando</u> FL Zip Code <u>32801</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 </div> <div> Make check payable to Florida Department of State </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KYLASAM CORPORATION 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

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

2.26.08

Date

2814441585

Daytime Phone #