


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-08-2003 90017 007 \*\*\*450.00

**DOCUMENT # L02000022447**

1. Entity Name  
**KYLASAM, LLC** *6.1.*



Principal Place of Business  
**749 NORTH GARLAND AVENUE  
SUITE 101  
ORLANDO FL 32801**

Mailing Address  
**749 NORTH GARLAND AVENUE  
SUITE 101  
ORLANDO FL 32801**

**55051676**

2. Principal Place of Business  
*602 E. Alexander St*

3. Mailing Address  
*4420 FM 1960 West  
Suite 224*

☐ CHECK HERE IF MAKING CHANGES

City & State  
*Plant City FL*

City & State  
*Houston TX*

Zip  
*33563*

Zip  
*77068*

Country

4. FEI Number  
**61-1423703**

Applied For  
☐ Not Applicable

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

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

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KYLASAM CORPORATION 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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]* SIGNATURE REQUIRED *Robita Chan* *7/1/03* *(281) 944-188*

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

CR2E083 (10/02)