

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91003 013 ****50.00

DOCUMENT # L02000032815

1. Entity Name

KAPAGO, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10848 NASHVILLE DR

Suite, Apt. #, etc.

3. Mailing Address

10848 NASHVILLE DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COOPER CITY FL

City & State
COOPER CITY FL

4. FEI Number

02-0673930

Applied For

Not Applicable

Zip
33026

Country
USA

Zip
33026

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name HAL KAUFMAN

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

10848 NASHVILLE DR

City
COOPER CITY

FL

Zip Code
33026

**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

H Kaufman

Signature, typed or printed name of registered agent and title if applicable.

4-16-03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HAL KAUFMAN
STREET ADDRESS 10848 NASHVILLE DR
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE MGRM
NAME ESTRELLA KAUFMAN
STREET ADDRESS 10848 NASHVILLE DR
CITY-ST-ZIP COOPER CITY FL 33026

TITLE MGRM
NAME STEVEN A. GOREN
STREET ADDRESS 8505 NW 77 ST
CITY-ST-ZIP TAMARAC, FL 33321

TITLE MGRM
NAME RALPH L. APENFUSE
STREET ADDRESS 3051 NE 47 CT #207
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *H Kaufman*

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

4-16-03 305-269-3352

Date

Daytime Phone #

CR2E083B (12/02)