



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90013 041 ****50.00

DOCUMENT # L03000013821 1. Entity Name KAG, LLC					
Principal Place of Business 4602 NICOLE LANE BETHLEHEM, PA 18017 US				Mailing Address 4602 NICOLE LANE BETHLEHEM, PA 18017 US	
2. Principal Place of Business <i>2136 K E. Fowler Ave.</i> Suite, Apt. #, etc. <i>Tampa, Florida</i> City & State		3. Mailing Address <i>8460 Ridgebrook Circle</i> Suite, Apt. #, etc. <i>Odessa, Florida</i> City & State			
Zip 33612		Country USA		4. FEI Number 23-3023264	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GOURLEY, KEN 8460 RIDGEBROOK CIRCLE ODESSA, FL 33556				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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: <i>Ken Gourley</i> Ken Gourley <i>5/7/04</i> <i>813-792-8230</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					