

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066892

1. Entity Name  
THE KAST NET, LLC



Principal Place of Business  
892 WOODVILLE HWY.  
CRAWFORDVILLE, FL 32327

Mailing Address  
296 PINE LANE  
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
APPLIED FOR 20-1637567

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHRFELD, FRED R  
892 WOODVILLE HWY.  
CRAWFORDVILLE, FL 32327

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MOHRFELD, FRED R  
STREET ADDRESS 892 WOODVILLE HWY.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME MOHRFELD, THU  
STREET ADDRESS 892 WOODVILLE HWY.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

FILED

2006 JUL -6 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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07/07/06--01054--011 \*\*\$50.00

7/6/06

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