

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081498

Entity Name: KATKOR OF FLORIDA, LLC

FILED  
Jan 27, 2009  
Secretary of State

## Current Principal Place of Business:

1300 LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950

## New Principal Place of Business:

1300 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950

## Current Mailing Address:

1300 LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950

## New Mailing Address:

1300 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950

FEI Number: 20-1869273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KATTA, JOSEPH J  
1300 LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950 US

## Name and Address of New Registered Agent:

KATTA, JOSEPH J  
1300 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950 US

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.

SIGNATURE:

01/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KATTA, JOSEPH J  
Address: 1300 LAWNWOOD CIRCLE  
City-St-Zip: FORT PIERCE, FL 34950

Title: MGR ( ) Delete  
Name: KORLIPARA, ANJANAYA P  
Address: 1300 LAWNWOOD CIRCLE  
City-St-Zip: FORT PIERCE, FL 34950

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: A. PRASAD KORLIPARA

MGR

01/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date