

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90184 017 ****50.00

DOCUMENT # L04000086241

1. Entity Name
KGGS INVESTMENTS LLC



Principal Place of Business
**1446 SAIL HARBOR CIRCLE
TARPON SPRINGS, FL 34689 US**

Mailing Address
**1446 SAIL HARBOR CIRCLE
TARPON SPRINGS, FL 34689 US**

20046704



DO NOT WRITE IN THIS SPACE

04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1957976

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSARIO, CRISTOBAL R
1446 SAIL HARBOR CIRCLE
TARPON SPRINGS, FL 34689**

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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

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROSARIO, CRISTOBAL R
STREET ADDRESS	1446 SAIL HARBOR CIRCLE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	MGRM
NAME	PATERSON, PATRICIA L
STREET ADDRESS	1446 SAIL HARBOR CIRCLE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #