
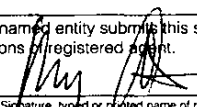
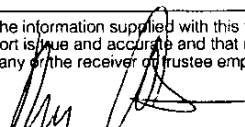


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90019 039 ***138.75

DOCUMENT # L04000092528 1. Entity Name KAPALLA, LLC					
Principal Place of Business 1148 CHAMPIONS DRIVE DAYTONA BEACH, FL 32124			Mailing Address 1148 CHAMPIONS DRIVE DAYTONA BEACH, FL 32124		
2. Principal Place of Business - No P.O. Box # 565 Health Blvd		3. Mailing Address 1190 Champions Dr			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Daytona Beach		City & State Daytona Beach		4. FEI Number 20-2290744	
Zip 32114		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTOS, MARY J 1148 CHAMPIONS DRIVE DAYTONA BEACH, FL 32124			7. Name and Address of New Registered Agent Name Antos, Mary J Street Address (P.O. Box Number is Not Acceptable) 1190 Champions Drive City Daytona Beach FL Zip Code 32124		
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 the registered agent. SIGNATURE  MARY ANTOS DATE 1-8-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTOS, MARY J 1148 CHAMPIONS DRIVE DAYTONA BEACH, FL 32124	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTOS, JAMES C DC 1148 CHAMPIONS DRIVE DAYTONA BEACH, FL 32124	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTOS, JOSHUA H 112 HERITAGE CIR ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  MARY ANTOS DATE 1-8-2008 DAYTIME PHONE # 386-274-2949 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

60000686



01082008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

Additional
Fee Required

Zip Code

DATE

☒ Change ☐ Addition

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