

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002445

Entity Name: KAT-CAM, LLC

FILED  
Jan 05, 2009  
Secretary of State

**Current Principal Place of Business:**

3903 POST RIDGE TRAIL  
MELBOURNE, FL 32934 US

**New Principal Place of Business:**

3903 POSTRIDGE TRAIL  
MELBOURNE, FL 32934 US

**Current Mailing Address:**

3903 POST RIDGE TRAIL  
MELBOURNE, FL 32934 US

**New Mailing Address:**

P.O. BOX 410686  
MELBOURNE, FL 32941 US

FEI Number: 41-2163785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARAGOZLO, PATRICIA  
3903 POST RIDGE TRAIL  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARAGOZLO, PATRICIA  
Address: 3903 POST RIDGE TRAIL  
City-St-Zip: MELBOURNE, FL 32934 US

**ADDITIONS/CHANGES:**

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: PAT GARAGOZLO

MGR

01/05/2009

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