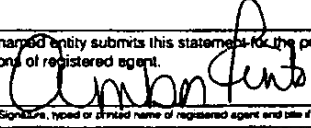
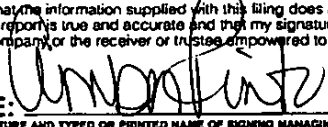


FILED
Mar 21, 2008 8:00 am
Secretary of State

02-21-2008 90067 047 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000022370			
1. Entity Name KATS, LLC			
Principal Place of Business 13858 WHITE HERON PLACE JACKSONVILLE, FL 32224 US		Mailing Address 13858 WHITE HERON PLACE JACKSONVILLE, FL 32224 US	
2. Principal Place of Business - No P.O. Box # 13500-30 Beach Blvd		3. Mailing Address 13500-30 Beach Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32246	Country USA	Zip 32246	Country USA
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. FEI Number 55-0916294	
5. Name and Address of Current Registered Agent ROSANNE, PERRINE P 100 EXECUTIVE WAY SUITE 112 PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent 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  DATE 2-15-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 MGMR IAN, PINTO 13858 WHITE HERON PLACE JACKSONVILLE, FL 32224 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 3577 Valverde Cir Jacksonville FL 32224 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGMR PINTO, AMBER 13858 WHITE HERON PLACE JACKSONVILLE, FL 32224 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 3577 Valverde Cir Jacksonville FL 32224 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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:  Amber Pinto 904-992-9800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			