

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054578

**FILED**  
**Jun 05, 2008**  
**Secretary of State**

**Entity Name:** KAP, LLC

**Current Principal Place of Business:**

2987 WEST US HIGHWAY 90  
LAKE CITY, FL 32055

**New Principal Place of Business:**

16100 NW US HWY 441  
ALACHUA, FL 32615

**Current Mailing Address:**

2987 WEST US HIGHWAY 90  
LAKE CITY, FL 32055

**New Mailing Address:**

16100 NW US HWY 441  
ALACHUA, FL 32615

**FEI Number:** 14-1971380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAGAR, KIRTI  
2987 WEST US HIGHWAY 90  
LAKE CITY, FL 32055 US

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

PATEL, ASHA  
16100 NW US HWY 441  
ALACHUA, FL 32615 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: ASHA PATEL

06/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NAGAR, KIRTI  
Address: 2987 WEST US HIGHWAY 90  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PATEL, ASHA  
Address: 16100 NW US HWY 441  
City-St-Zip: ALACHUA, FL 32615

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: ASHA PATEL

MGMR

06/05/2008

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