

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

01-26-2007 90078 001 ****50.00

DOCUMENT # L06000062588 1. Entity Name KAM10175, LLC					
Principal Place of Business 10175 FORTUNE PARKWAY, SUITE 201 JACKSONVILLE, FL 32256			Mailing Address 10175 FORTUNE PARKWAY, SUITE 201 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01192007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 74-3181505				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OUREDNIK, KAREL IV, ESQ C/O OUREDNIK LAW OFFICES, P.A. 4925 BEACH BLVD. JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Thomas G. Pleiman Jr. Street Address (P.O. Box Number is Not Acceptable) 9471 Baymeadows Rd Ste 308 City Jacksonville		
State FL			Zip Code 32256		
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 2/21/07					
Filing Fee is \$50.00 Due by May 1, 2007					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ☐ Delete TERRY MCLEROY 7897 MONTEREY BAY DR JACKSONVILLE, FL 32256				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER ☒ Delete JOANNE MCLEROY 7897 MONTEREY BAY DR JACKSONVILLE, FL 32256				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ 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 606, Florida Statutes.					
SIGNATURE: DATE 1/23/09					
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					