

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 28, 2007 8:00 am
Secretary of State

02-22-2007 90278 033 ****55.00

DOCUMENT # L06000072130 1. Entity Name KOTLARZ, LLC					
Principal Place of Business 975 ROYCE STREET PENSACOLA FL 32503			Mailing Address 975 ROYCE STREET PENSACOLA FL 32503		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3753855 ☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRENNAN MANNA & DIAMOND, P.L. 76 SOUTH LAURA STREET SUITE 2110 JACKSONVILLE FL 32202				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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	KOTLARZ, JACK P		STREET ADDRESS		
CITY, ST, ZIP	975 ROYCE STREET PENSACOLA FL 32503		CITY, ST, ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			Date: 2/7/07 Daytime Phone #: 850 471 2377		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					