

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000044438

Entity Name: KAP AND ASSOCIATES, LLC

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12908 RED CARDINAL DR  
ODESSA, FL 33556

**New Principal Place of Business:**

11513 PERFECT PLACE  
TAMPA, FL 33626

**Current Mailing Address:**

12157 W. LINEBAUGH AVE., NUMBER 330  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 83-0481594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBBINS, KATHLEEN  
12157 W. LINEBAUGH AVE., NUMBER 330  
TAMPA, FL 33626 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: MGRM  
Name: ROBBINS, KATHLEEN  
Address: 12157 W. LINEBAUGH AVE., NUMBER 330  
City-St-Zip: TAMPA, FL 33626

Title: MGR  
Name: PRITCHARD, PAULA  
Address: 12157 W. LINEBAUGH AVE., NUMBER 330  
City-St-Zip: TAMPA, FL 33626

I hereby 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: KATHLEEN ROBBINS

MGMR

05/04/2011

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