## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 11, 2008 8:00 am Secretary of State

☐ Change

Addition

|  | ANNUAL   | REPORT                                       |                               |                              | ecretar                      | y oi Sta                                  | lle                 |
|--|--|--|-------------------------------|------------------------------|------------------------------|---|---------------------|
| DOCU   | MENT #L07000099  | 713  |                               |                              | 08-11-2008 90                | 027 022 ***538.                           | 75                  |
| 1. Entity Name   |  |  |                               |                              |                              |   |                     |
| KAGUAB   | ANGA, LLC  |  |                               |                              |                              |   |                     |
|  |  |  |                               |                              |                              |   |                     |
| Principal Plac   |  | Mailing Address                              |                               |                              |                              | 5000927                                   | q                   |
| 3191 CORAL WAY, SUITE 622<br>MIAMI, FL 33131             |  | 3191 CORAL WAY, SUITE 622<br>MIAMI, FL 33131 |                               |                              | 0000000                      |   |                     |
| ן ויונאויוו, דב ס  | 3131   | PRAPIL 33131                                 |                               | LINGUES                      | en atın itti atın tılı       | 18111 GB118 18119 18111 18981 NS          | EB (MBC) ((L 194)   |
| 2. Principal P   | Place of Business - No P.O. Box #  | 3. Mailing Address                           |                               |                              |                              |   |                     |
| 21 Throiper visco si pesmess vio vio assista             |  | 560 ALLENDALE ROAD                           |                               |                              | MIN MARKE JAMIN MARKE #MIN M | .B.L. 4.00140 18554 FASH 4.0004 FIRS      | NA FILANI STI LINEI |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.                          |                               | 0804200                      | B Chg-LLC                    | CR2E083 (12/0                             | 06)                 |
| City & Stat  | e  | City & State                                 |                               | 4. FEI Nun                   | nber                         |   | Applied For         |
|  |  | KEY BISCAY                                   |                               | 26 -                         | 11693                        | 33  | Not Applicab        |
| Zip  | . Country  | 33149  | Country<br>USA                | 5. Certifica                 | ate of Status Desired        | □ \$5.00<br>Fee Requ                      | Additional<br>uired |
|  | 6. Name and Address of Current   |  |                               | 7. Name a                    | nd Address of New            | Registered Agent                          |                     |
| WIE BEOL   | ATERER ARENT ARRO  |  | Name                          | RAFAEL                       | DOVARGAI                     | NES                                       |                     |
|  | STERED AGENT CORP.<br>LA AVENUE  |  |                               | ddress (P.O. Box Nur         | nber is Not Acceptat         | ole)                                      |                     |
|  | ABLES, FL 33134  |  | 560                           | ALLEND                       | ALE ROA                      | <u>p</u>                                  |                     |
|  |  |  |                               |                              |                              |   |                     |
|  |  |  | City                          | LEY BISCA                    | 7 YNE                        | FL Zig                                    | 3149                |
|  | named entity submits this statement for                                    | r the purpose of changing its r              | egistered office or           | registered agent, or         | both, in the State of I      |   |                     |
| ı  | 5 5_   | \£\  | 1                             | می                           | (                            | 08/04/08                                  |                     |
| SIGNATURE  | RAFAS ( DO UGOGF<br>Signature, typed or printed name of registered agent a | and title if applicable. (NOTE.              | Régistered Agent signer       | e required when reinstating) | ···········                  | 2 C C O T TOO                             |                     |
|  |  |  | •                             |                              |                              |   |                     |
| FILE NOW!!! FEE IS \$538.75<br>Due by September 12, 2008 |  |  |                               |                              |                              | ake check payable t<br>da Department of S |                     |
|  |  |  |                               |                              |                              |   |                     |
| 9.   | MANAGING MEMBE   |  | 10.                           |                              | ADDITION:                    | S/CHANGES                                 |                     |
| TITLE<br>NAME  | MGR<br>SOSA, ANABELLA  | Delete                                       | TITLE<br>NAME                 | MGR                          | T 1.100                      | <b>2</b> 27 Chan                          | ge 🗌 Additio        |
| STREET ADDRESS   | 3191 CORAL WAY, SUITE 622  |  | STREET ADDRESS                | 560 ALLEN                    | ES, ANABE                    | see A                                     |                     |
| CITY-ST-ZIP  | MIAMI, FL 33131  |  | CITY-ST-ZIP                   | KEY BIS                      | AYNE, F                      | LORIDA, 33                                | 3149                |
| TITLE  |  | ☐ Delete                                     | TITLE                         | •                            | •                            | ☐ Chan                                    |                     |
| NAME<br>STREET ADDRESS                                   |  |  | NAME<br>STREET ADDRESS        |                              |                              |   |                     |
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| STREET ADDRESS CITY-ST-ZIP                               |  |  | STREET ADDRESS<br>CITY-ST-ZIP |                              |                              |   |                     |
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| NAME   |  | <b>□</b> beiαe                               | NAME                          |                              |                              | - Clark                                   | ge 🗀 Abbillo        |
| STREET ADDRESS   |  |  | STREET ADDRESS                |                              |                              |   |                     |
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| NAME<br>STREET ADDRESS                                   |  |  | NAME<br>STREET ADDRESS        |                              |                              |   |                     |
| CITY.ST.79P  |  |  | CITY_ST_7ID                   |                              |                              |   |                     |

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.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

| SIGNATURE | 1/16                                       |  | 08/04/08 | (305/986-5788   |
|-----------|--|--|----------|-----------------|
| SIGNATU   | URB AND TYPED OR PRINTED NAME OF SIGNING M | NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Day.     | Daytime Phone 4 |
|           |  |  |          |                 |