

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122007

Entity Name: KATI, LLC

FILED  
Mar 24, 2008  
Secretary of State

**Current Principal Place of Business:**

4493 N PINE HILLS RD  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4493 N PINE HILLS RD  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHANTARA, YOUTH  
4493 N. PINE HILLS RD  
ORLANDO, FL 32808 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 ( ) Delete  
Name: SILPIKUL, AMARA  
Address: 8749 THE ESPLANADE # 5  
City-St-Zip: ORLANDO, FL 32836

Title: MGR ( ) Delete  
Name: CHANTARA, YOUTH  
Address: 4493 N. PINE HILLS RD  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AMARA SILPIKUL

MGMB

03/24/2008

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