

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037008

FILED
Mar 06, 2009
Secretary of State

Entity Name: KASS LLC

Current Principal Place of Business:

2933 SHELL LANE
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

2933 SHELL LANE
LABELLE, FL 33935 US

New Mailing Address:

FEI Number: 26-2429299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANE, MICHAEL N
2933 SHELL LANE
LABELLE, FL 33935 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: SANDERS, WILLIAM M
Address: 2933 SHELL LANE
City-St-Zip: LABELLE, FL 33935

Title: MGRM () Delete
Name: SMITH, JAMES M
Address: 2933 SHELL LANE
City-St-Zip: LABELLE, FL 33935

Title: MGR () Delete
Name: KANE, MICHAEL N
Address: 2933 SHELL LANE
City-St-Zip: LABELLE, FL 33935

Title: MGRM () Delete
Name: BURCHARD, E EASTON
Address: 2933 SHELL LANE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES:

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

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

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: MICHAEL KANE

MGR

03/06/2009

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