

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042836

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** KATHLEEN COMMERCE CENTER, LLC

**Current Principal Place of Business:**

224 N. COMMONWEALTH AVE  
POLK CITY, FL 33868

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 93010  
LAKELAND, FL 33804

**New Mailing Address:**

FEI Number: 26-2629005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WEIRATHER, PAMELA  
224 N COMMONWEALTH AVE  
POLK CITY, FL 33868 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: WEIRATHER, ANTHONY  
Address: 224 N COMMONWEALTH AVE  
City-St-Zip: POLK CITY, FL 33868

Title: MGRM ( ) Delete  
Name: WEIRATHER, PAMELA  
Address: 224 N COMMONWEALTH AVE  
City-St-Zip: POLK CITY, FL 33868

**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: PAMELA WEIRATHER

MGRM

04/15/2009

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