

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070620

Entity Name: KATHLEEN A. MYERS, LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1100-1 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

372 VILLAGE DR.  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

372 VILLAGE DRIVE  
ST. AUGUSTINE, FL 32084 US

FEI Number: 27-0612517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MYERS, KATHLEEN A  
372 VILLAGE DR.  
ST. AUGUSTINE, FL 32084 US

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

MYERS, KATHLEEN A  
372 VILLAGE DRIVE  
ST. AUGUSTINE, FL 32084 US

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:

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MYERS, KATHLEEN A  
Address: 372 VILLAGE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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 A MYERS

MGRM

04/21/2011

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