

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078222

Entity Name: KATHY BYRNS, LLC

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2005 MARVIN AVE  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1276  
PORT ST. JOE, FL 32457 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

BYRNS, KATHRYN E  
2005 MARVIN AVE  
PORT ST. JOE, FL 32456 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: MGR  
Name: BYRNS, KATHRYN E OWNER  
Address: 2005 MARVIN AVE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR  
Name: BYRNS, KATHRYN E  
Address: P.O. BOX 1276  
City-St-Zip: PORT ST. JOE, FL 32457

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: KATHRYN E. BYRNS

MGR

04/03/2012

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