

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102666

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** KAGIN ENTERPRISES, LLC

**Current Principal Place of Business:**

160 CRESCENT DRIVE  
SUITE 696  
ANNA MARIA, FL 34216 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. 696  
ANNA MARIA, FL 34216 US

**New Mailing Address:**

**FEI Number:** 27-1210869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAGIN, TREVOR B  
160 CRESCENT DRIVE  
SUITE 696  
ANNA MARIA, FL 34216 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  
**Name:** KAGIN, MARIA J  
**Address:** 160 CRESCENT DRIVE, SUITE 696  
**City-St-Zip:** ANNA MARIA, FL 34216 US

**Title:** MGRM  
**Name:** KAGIN, TREVOR B  
**Address:** 160 CRESCENT DRIVE, SUITE 696  
**City-St-Zip:** ANNA MARIA, FL 34216 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:** TREVOR KAGIN

MGRM

01/11/2011

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