

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092975

Entity Name: KALE TRUST LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3099 NORTHWEST 27TH AVE  
BOCA RATON, FL 33434

**New Principal Place of Business:**

3099 NORTHWEST 27TH AVE  
BOCA RATON, FL 33434 UN

**Current Mailing Address:**

3099 NORTHWEST 27TH AVE  
BOCA RATON, FL 33434

**New Mailing Address:**

3099 NORTHWEST 27TH AVE  
BOCA RATON, FL 33434 UN

FEI Number: 45-2987030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA PA  
1840 SOUTHWEST 22ND STREET  
4TH FLOOR  
MIAMI, FL 33145 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: LAZEBNAYA, NATALIA  
Address: 3099 NORTHWEST 27TH AVE  
City-St-Zip: BOCA RATON, FL 33434

Title: S  
Name: LAZEBNAYA, NATALIA  
Address: 3099 NORTHWEST 27TH AVE  
City-St-Zip: BOCA RATON, FL 33434

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: NATALIA LAZEBNAYA

MGR

04/24/2012

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