

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000432

1. Entity Name

KADAN, L.C.

FILED

Principal Place of Business

Mailing Address

1700 UPLAND RD.
WEST PALM BEACH FL 33409

1700 UPLAND RD.
WEST PALM BEACH FL 33409

01 JUL 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0582593

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBEN, DONALD
% MOTIVATED SECURITY SYSTEMS
1700 UPLAND RD.
WEST PALM BEACH FL 33409

Name

KATHLEEN M KAVANAUGH

Street Address (P.O. Box Number is Not Acceptable)

C/O MOTIVATED SECURITY SYSTEMS

1700 UPLAND ROAD

City

WEST PALM BEACH

FL

Zip Code

33409

8. 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

Kathleen M. Kavanaugh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/13/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAVANAUGH, KATHLEEN M
27 WARREN ST.
SOMERVILLE NJ 08876 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004509647-9
-07/31/01--01050--016
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAVANAUGH, DANIEL E III
27 WARREN ST.
SOMERVILLE NJ 08876 ☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 M. Kavanaugh

KATHLEEN M. KAVANAUGH

7/11/01

(908) 5261140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE