

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90079 015 ****50.00

DOCUMENT # L99000003631

1. Entity Name

KARROG, LLC

Principal Place of Business

**332 THIRD STREET
 ATLANTIC BEACH FL 32233**

Mailing Address

**332 THIRD STREET
 ATLANTIC BEACH FL 32233**

2. Principal Place of Business

77 WHITES PT

Suite, Apt. #, etc.

3. Mailing Address

77 WHITES PT

Suite, Apt. #, etc.

City & State

GENEVA, NY

Zip

14456

Country

USA

City & State

GENEVA, NY

Zip

14456

Country

USA

4. FEI Number

59-3617577

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, C. RANDOLPH ESQ.
 9250 BAYMEADOWS ROAD, SUITE 230
 JACKSONVILLE FL 32256-1813**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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: _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **KJAR, ROGER B**
 STREET ADDRESS **332 THIRD STREET**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **MGRM** ☐ Delete
 NAME **KJAR, CAROL**
 STREET ADDRESS **332 THIRD STREET**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8 PARK PLACE**
 CITY-ST-ZIP **GENEVA, NY 14456**

TITLE ☒ Change ☐ Addition
 NAME **CAROL TAYLER**
 STREET ADDRESS **77 WHITES PT**
 CITY-ST-ZIP **GENEVA, NY 14456**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

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

01-10-02

Date

Daytime Phone #

CR2E083 (9/01)