

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003631

1. Entity Name
KARROG, LLC



Principal Place of Business

77 WHITE PLACE
GENEVA NY 14456

Mailing Address

77 WHITE PLACE
GENEVA NY 14456

2. Principal Place of Business

77 WHITES PT.

3. Mailing Address

77 WHITES PT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3617577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE (\$50.00)
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KJAR, ROGER B
STREET ADDRESS 8 PARK PLACE
CITY-ST-ZIP GENEVA NY 14456

TITLE MGRM ☐ Delete
NAME KJAR, CAROL
STREET ADDRESS 77 WHITE PARK
CITY-ST-ZIP GENEVA NY 14456

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 129 ARMSTRONG RD.
CITY-ST-ZIP Geneva, NY 14456

TITLE ☒ Change ☐ Addition
NAME CAROL DENNIS
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: Carol Dennis

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

01-14-03 (315) 789-9258

Date

Daytime Phone #

CR2E083 (10/02)