

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000007231

1. Entity Name
KOALA, L.C.



Principal Place of Business
277 PINWOOD DRIVE
TALLAHASSEE, FL 32303

Mailing Address
277 PINWOOD DRIVE
TALLAHASSEE, FL 32303

MK

FILED
08 FEB 11 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FL 32303



01052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3624865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, MATT
277 PINWOOD DRIVE
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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 IS \$138.75
After May 1, 2008 Fee will be \$538.75**

MK

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MATHEWS, EDWARD D
STREET ADDRESS	3843 W.LAKE HAMILTON DR
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	MGRM
NAME	MATHEWS, MATT
STREET ADDRESS	277 PINWOOD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400118149814
02/15/08--01039--006 **138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Matt Mathews*

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

2/10/08

Date

800 681 9303

Daytime Phone #