

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000638

1. Entity Name

KG INVESTMENTS, L.L.C.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90090 012 ***550.00

0011468

Principal Place of Business

11274 WEST HILLSBOROUGH AVENUE
TAMPA FL 33635

Mailing Address

11274 WEST HILLSBOROUGH AVENUE
TAMPA FL 33635

980689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4300 WEST CYPRESS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 900

City & State

City & State

TAMPA, FL

Zip

Country

Zip

33607

Country

USA

4. FEI Number 59-3567131

Applied For

Not Applicable

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

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 IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME FERRELLI, RICHARD
STREET ADDRESS 11274 WEST HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

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

TITLE MGR
NAME SALAS, RICARDO A
STREET ADDRESS 11274 WEST HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

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

TITLE MGR
NAME FRANCE, F. LANE M.D.
STREET ADDRESS 11274 WEST HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ 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:

PSI Wayne B. Buck

9-6-02

813-262-9321

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

Date

Daytime Phone #

CR2E083 (4/02)