

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000304

**Entity Name:** K & N FAMILY TAMARAC, LLC

**Current Principal Place of Business:**

12 HUBBARD CIRCLE  
BRONXVILLE, NY 10708

**Current Mailing Address:**

12 HUBBARD CIRCLE  
BRONXVILLE, NY 10708

**FEI Number:** 01-0652463

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KAPLAN, RONALD -MANAGER  
Address 12 HUBBARD CIRCLE  
City-State-Zip: BRONXVILLE NY 10708

Title ASSO  
Name GIBBONS, MICHELLE N  
Address PO BOX 453  
City-State-Zip: PLEASANT VALLEY NY 12569

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONALD KAPLAN

**MANAGER**

**03/01/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date