

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070620

**Entity Name:** KATHLEEN A. MYERS, LLC

**Current Principal Place of Business:**

1100-1 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

372 VILLAGE DRIVE  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 27-0612517

**Certificate of Status Desired:** Yes

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

MYERS, KATHLEEN A  
372 VILLAGE DRIVE  
ST. AUGUSTINE, FL 32084 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 MGRM  
Name MYERS, KATHLEEN A  
Address 372 VILLAGE DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32084

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN MYERS

LICENSED CLINICAL  
SOCIAL WORKER

04/28/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

Date