

2015 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN A MYERS

MANAGER

02/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date