

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000013686

Entity Name: KATHLEEN TORRES LLC

Current Principal Place of Business:

24149 ROYAL FERN DRIVE
LUTZ, FL 33559

Current Mailing Address:

24149 ROYAL FERN DRIVE
LUTZ, FL 33559 US

FEI Number: 46-5144997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, KATHLEEN M
24149 ROYAL FERN DRIVE
LUTZ, FL 33559 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 TORRES, KATHLEEN M
Address 24149 ROYAL FERN DRIVE
City-State-Zip: LUTZ FL 33559

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 TORRES

OWNER

04/13/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date