**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007006

**Entity Name:** KLABZUBA MANAGEMENT, LLC

**Current Principal Place of Business:**

100 LEXINGTON ST SUITE 050
FT WORTH, TX 76102

**Current Mailing Address:**

100 LEXINGTON ST SUITE 050
FT WORTH, TX 76102

**FEI Number: 46-3764962**

**FILED**
**Mar 25, 2019**
**Secretary of State**
**4720590653CC**

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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 | Title | MGR |
| Name | STAMM, ALICE P | Name | GIBBONS, JACQUELINE S |
| Address | 100 LEXINGTON ST SUITE 050 | Address | 100 LEXINGTON ST SUITE 050 |
| City-State-Zip: | FT WORTH TX 76102 | City-State-Zip: | FT WORTH TX 76102 |
| Title | MGR | Title | MGR |
| Name | KORMAN, JOSHUA M | Name | PARK, ROBERT W |
| Address | 100 LEXINGTON ST SUITE 050 | Address | 100 LEXINGTON ST SUITE 050 |
| City-State-Zip: | FT WORTH TX 76102 | City-State-Zip: | FT WORTH TX 76102 |

*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: ROBERT PARK MANAGER 03/25/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date