


**2008 LIMITED LIABILITY COMPANY
 REINSTATEMENT**

SECRETARY OF STATE
 DIVISION OF CORPORATE REGISTRATION

09 MAY 27 PM 3:24

DOCUMENT # L04000020072			
1. Entity Name KCO INVESTMENTS, LLC			
Principal Place of Business 906 FOXPOINTE CIRCLE DELRAY BEACH, FL 33445		Mailing Address P.O. BOX 6129 DELRAY BEACH, FL 33482	
2. Principal Place of Business - Not P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LETTIERE, KRISTIN ESQ 7000 W. PALMETTO PARK RD., STE. 402 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of the registered agent.		4. FEI Number 04-3811853 Applied For Not Applicable	
SIGNATURE <i>Kristin Coomber</i> 12-30-08		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
FILE NOW!! FEE IS \$236.75 After January 1, 2008, Fee will be \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CLOTHIER, KENT PO BOX 6129 DELRAY BEACH, FL 33482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900139530979 01/06/09--01007--022 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900139530979 05/27/09--01004--021 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			
SIGNATURE: <i>Kent Clothier</i> 12/29/08 561-512-7460			

REINSTATEMENT 08-29-08