	PLEASE REA	AD ALL INS	TRUCT	IONS BEFORE	COMPLE	TING THIS FORM,	
С	ED LIABILITY COMPANY STATEMENT	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		馬恩 新 <b>藤</b> 15 JAN -5 PH 3: 20			
DOCUMENT # LO4600035526  1. Limited Liability Company's Name KB Development 1 LLC					CHETARY DE LA TA		
Principal Office Address - No P.O. Box #     3. Mailing Office Address					CR2E041 (1/14)		
2226 State Road 580         2226           Suite, Apt. #, etc.         Suite, Apr.			State Road 580		4. State/Country of Formation		
			····		Date Organized or Qualified     To Do Business in Florida		
City & State Clearwater, FL Clearwater			rwater, FL		6. FEI Number Applied For 201107134 Not Applied be		
33763	Country	<sup>Zip</sup> 33763		Country	7. \$5.00 Additiona		Not Applicable  Ifficial Fee required extificate of Status
	8. Name and Addre	es of Current Regi	istered Ager	nt			
Name Robert E. Schmidt Jr.							
Street Address (P.O. Box Number is Not Acceptable) 2226 State Road 580					i.		
Suite, Apt. #, Etc.  City State Zip Code Clearwater FL 33763					300267482583 12/16/1401015003 **243.75		
9. I, being appointed the registerer agent of he above named limited liability company, am familiar with and Signature of Registered Agent REGISTERED AGENT MUST SIGN					d accept the obligations of Chapter 805, F.S.  Date 12-10-14		
10. Name	es and Street Addresses of Authorize	d Representatives/M	Managers				
Titles	Name of Authorized Represents Managers	Street Address of Each Authorized Representative/ Manager		City / State / Zip			
Mr.	Robert E. Schmidt Jr.		2226 State Road 580		Clearwater, FL 33763		
Ms.	Kelly C. Schmidt 2226 State Ro				ad 580	Clearwater, FL 33763	
	REINSTA	TEM	ENT	Ē	JAN R.	5 7015 HUNT	
11. E-mail A	ddress: kelly@boulderve	nture.net					J
12. I certify	that I am an authorized representative	e/manager or the re	ceiver or trus	or future annual report notification	this application as	s provided for in Chapter 608, F.S. I	further certify that
that all fees	his reinstatement application the reas owed by the limited liability company inder oath. I am aware that false infor	have been pald. The	e information	indicated on this application ent of State constitutes a th	n is true and accur	ate, and my signature shall have th	b.0012. F.S., and e same legal effect

Signature of Authorized Representative/Manager Date 12/10/2014 Daytime Phone # 7274992226

Typed or printed name of signing Authorized Representative/Manager Robert E. Symmidt, Jr.