

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2013 JUL -9 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L1000126461

1. Limited Liability Company's Name  
**KKB PROPERTIES LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
**28 HARTFORD AVE**

3. Mailing Office Address  
**28 HARTFORD AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation  
**FLORIDA**

City & State  
**MADISON CT**

City & State  
**MADISON CT**

5. Date Organized or Qualified  
To Do Business in Florida **12/09/10**

Zip Country  
**06443 USA**

Zip Country  
**06443 USA**

6. FEI Number Applied For  
**27-4220640** Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**SMALLBIZ AGENTS LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**4244 W TENNESSEE ST #185**  
Suite, Apt. #, Etc.

City State Zip Code  
**TALLAHASSEE FL 32304**

E-mail Address:

**600249612806**  
**07/09/13--01005--012 \*\*516.25**

**BRYANTBOYD@NKNET.COM**

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Phonda Windel*  
REGISTERED AGENT MUST SIGN

Date 6/27/13

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BRYANT COOPER BOYD	28 HARTFORD AVE	MADISON CT 06443
MGR	KAISER -BLUM, HANS, JUERGER	HEERSTRASSE 31A	81247 MUNICH GERMANY..DE

**REINSTATEMENT**  
**2011-2013**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.053 F.S.

Signature of Managing Member/Manager *Bryant Boyd*

Date 5/30/13

Daytime Phone # 203 435 4662

Typed or printed name of signing Managing Member/Manager