M04000001908

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SOLOMON & FURSHMAN, LLP
Account Number : I20050000182
Phone : (305)861-8034
Fax Number : (305)861-8012

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

KMC/EC II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$35.00~~

277.50 per sunbiz LLC representative.

J. BRYAN
AUG 10 2009
EXAMINER

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TALLAHASSEE, FLORIDA

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000001908

1. Entity Name
KMC/EC II, LLC

Principal Place of Business	Mailing Address
1996 SOUTH KIRK ROAD SUITE 320 GENEVA, IL 60134	1996 SOUTH KIRK ROAD SUITE 320 GENEVA, IL 60134

08152009 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
590 N. Semoran Blvd.	590 N. Semoran Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32807 Country: U.S.	Zip: 32807 Country: U.S.

4. FEI Number: 20-1083192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 registered agent.

SIGNATURE [signature] David J. Borezowski Assistant Secretary 7-20-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KOLLINGER, HERBERT H 7025 CARLISLE LANE ALPHARETTA, GA 30022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CARLSON, EDWARD A 1996 SOUTH KIRK ROAD GENEVA, IL 60134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2008-09	☐ Change ☐ 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.

KMC/EC II, LLC; By: Commercial Building Consultants, LLC as Authorized Agent of KMC/EC, II, LLC

SIGNATURE: [signature] President of Commercial Building Consultants, LLC 407-447-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 8-7-09 Daytime Phone #