

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 # L10000126461

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

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

Suite, Apt. #, etc.

City & State  
**MADISON CT**

Zip Country  
**06443 USA**

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

Suite, Apt. #, etc.

City & State  
**MADISON CT**

Zip Country  
**06443 USA**

CR2E041 (1/11)

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

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

6. FEI Number  
**27-4220640**

Applied For  
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  
**TALLAHASSEE**

State Zip Code  
**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 812.053 F.S.

Signature of Managing  
Member/Manager

*Bryant Cooper Boyd*

Date

**5/30/13**

Daytime Phone #

**203 435 4662**

Typed or printed name of signing Managing Member/Manager