

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052896

**Entity Name:** ESPACE KB, L.L.C.

**Current Principal Place of Business:**

799 CRANDON BLVD  
SUITE 503  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

799 CRANDON BLVD  
SUITE 503  
KEY BISCAYNE, FL 33149

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DREUIL-WYNNE, FRANCOISE  
799 CRANDON BLVD  
#503  
KEY BISCAYNE, FL 33149 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MRS  
Name DREUIL-WYNNE, FRANCOISE  
Address 799 CRANDON BLVD. #503  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM  
Name THE SQUARE OFFICES LLC  
Address 799 CRANDON BLVD  
SUITE 503  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM  
Name KIN INVEST HOLDINGS LTD  
Address 799 CRANDON BLVD  
SUITE 503  
City-State-Zip: KEY BISCAYNE FL 33149

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCOISE DREUIL-WYNNE

**MANAGER**

**01/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date