

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000197414

Entity Name: KB LOGIX - BUSINESS SOLUTIONS, LLC**Current Principal Place of Business:**913 NE 18TH AVE
UNIT 117
FORT LAUDERDALE, FL 33304**Current Mailing Address:**913 NE 18TH AVE
UNIT 117
FORT LAUDERDALE, FL 33304 US**FEI Number:** 82-2885978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNA, JOHN K
913 NE 18TH AVE
UNIT 117
FORT LAUDERDALE, FL 33304 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:** JOHN K BARNA

01/02/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP
Name BARNA, JOHN K
Address 913 NE 18TH AVE UNIT 117
City-State-Zip: FORT LAUDERDALE FL 33304

Title AMBR
Name BARNA, KEVIN
Address 913 NE 18TH AVE
City-State-Zip: FORT LAUDERDALE FL 33304

Title MGR
Name BARNA, KEVIN
Address 913 NE 18TH AVE UNIT 117
City-State-Zip: FORT LAUDERDALE FL 33304

Title AP
Name BARNA, KEVIN
Address 913 NE 18TH AVE #117
City-State-Zip: FORT LAUDERDALE FL 33304

Title AP
Name BARNA, KEVIN
Address 913 NE 18TH AVE
City-State-Zip: FORT LAUDERDALE FL 33304

Title AP
Name BARNA, MORGAN A
Address 913 NE 18TH AVE UNIT 117
City-State-Zip: FORT LAUDERDALE FL 33304

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: JOHN KEVIN BARNA**PRINCIPAL**

01/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date