Iq	3
	:
Diled For t Applicable Researches Series	
-9 4 .00	
	CR2E041 (9/01)
3755	

	PLEASE READ	ALL INSTR	UCTIONS BEFORE	COMPLETIN	NG THIS !	FORM.	19)2
REIN DOCU	ED LIABILITY OMPANY STATEMENT UBH JMENT # Liability Company's Name	Ka Ser DIVISIO		01 OC1	FILED I 22 PN I ARY OF ST. ISSEE, FLOI	Ž: 17 ATE RIDA		: 1 4
	d Office Address	3. Mailing Office	_	_				
411 ClevelandSt		Suito Ant # oto	Same	4. State/Country of Formation Clearwater, FL				tr. monage
Suite, Apt. #, etc. Suite, Apt. #, Suite, A				5. Date Organized or Qualified To Do Business in Florida To Do Business in Florida				2. Madpale Jan Scot
City & State		City & State		6. FEI Number			pplied For	
Clearwater, FZ			- Gountry -	40000003683			ot Applicable	
33	755 USM	2.0	Courtiny	7. CERTIFICATE C	OF STATUS DESIRE	ED CO SSOURCE COVER COVE) අතුත්ත අතුත්ත (අතුත්ත	
		8. Nam	e and Address of Current Registe	red Agent				To a second
į	Name Laura Sheman Street Address (P.O. Box Number is Not Acceptable) 411 Cleveland St Suite. Apt. #, Etc. Suite. Apt. #, Etc.							
į	Clearwat				State Zip C	Gode 3755		
9. I, being	appointed the registered agent of the abo	ve named limited lia	ability company, am familiar with and	d accept the obligation	ons of Chapter 6	08, F.S.	<u> </u>	(9/01)
Signature of Registered /	Agent	GISTERED AGENT	T MUST SIGN		Date 18	Oct 2001		CR2E041 (9/01
10. Name	s and Street Addresses of Managing Mer	nbers/Managers						
Titles	Name of Managing Members/Manage	ers	Street Address of Each Managing Member/Manager		City / State / Zip			
Partner	Mondy Wildman 603 Er		603 Engman	5+	Clearwater FL 3		3755	
	Committee with the contract of							
								and the second second
								in the second se
								. resembles
filing th	that I am managing member/manager o is reinstatement application the reason for lowed by the limited liability company have ade under oath.	dissolution has bee	en eliminated, the limited liability con	npany name satisfies	the requirement	ts of section 608.406, F.:	S., and that	2000
Signature of		<i>></i>			ytime Phone <i>#</i> (727)73644	136	A STATE OF THE STA
Typed or prin	nted name of signing Managing Member/	Manager 6	aura Sherr	1001			ĺ	