

FILED
Jul 10, 2003 8:00 am
Secretary of State

05-05-2003 90691 023 *****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007747

1. Entity Name

KLP HOLDINGS, LLC



Principal Place of Business

100 SOUTHEAST SECOND STREET, SUITE 4850
MIAMI FL 33131

Mailing Address

100 SOUTHEAST SECOND STREET, SUITE 4850
MIAMI FL 33131

55050779

2. Principal Place of Business

550 BILTMORE WAY

3. Mailing Address

550 BILTMORE WAY

Suite, Apt. #, etc.

SUITE 970

Suite, Apt. #, etc.

SUITE 970

☐ CHECK HERE IF MAKING CHANGES

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

65-1023321

Applied For

Not Applicable

Zip

33134

Country

MIAMI-DADE

Zip

33134

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET, SUITE 3500
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME PEEBLES, R. DONAHUE
STREET ADDRESS SUITE 970
CITY-ST-ZIP 100 SE 2ND STREET, #4850 550 BILTMORE WAY
MIAMI FL 33131 CORAL GABLES FL 33134

TITLE
NAME MANAGING MEMBER
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2ED83 (10/02)