

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 27, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000009411**1. Entity Name  
KKD, LLC

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>1684 FLAGLER PARKWAY<br>WEST PALM BEACH FL 33411 | Mailing Address<br>1684 FLAGLER PARKWAY<br>WEST PALM BEACH FL 33411 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

4. FEI Number  
**65-1060765**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

|                                                                                                                      |                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>DISALVO KIM K<br>1684 FLAGLER PARKWAY<br>WEST PALM BEACH FL 33411 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE \_\_\_\_\_ DATE **05/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS                  |                                 | 10. ADDITIONS / CHANGES                        |                                                                                                                                                          |
|------------------------------------------------|---------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DISALVO KIM K<br>1684 FLAGLER PARKWAY<br>WEST PALM BEACH FL 33411<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |

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: **Kim K. DiSalvo** Mgr **05/27/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)