

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90001 019 ****50.00

DOCUMENT # L00000011865

1. Entity Name

K & G PROPERTY MANAGEMENT, LLC.



Principal Place of Business

**1607 BLAIRMOR CT
GROSSE PTE WOODS MI 48236**

Mailing Address

**1607 BLAIRMOR CT
GROSSE PTE WOODS MI 48236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3677490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIVICO, JOHN JR.
160 LANTANA
FLAGLER BEACH FL 32136**

Name

Mary L. DiVico

Street Address (P.O. Box Number is Not Acceptable)

160 Lantana

City

Flagler Beach

FL

Zip Code

32136

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

Mary L. DiVico

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-03

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **DIVICO, GREGORY**
CITY-ST-ZIP **1607 BLAIR MOOR CT.
GROSSE PTE. WOODS MI 48236**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1607 BLAIRMOR CT.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DIVICO, KAREN**
CITY-ST-ZIP **1607 BLAIRMOR CT.
GROSSE PTE WOODS MI 48236**

TITLE ☒ Change ☐ Addition
NAME **DIVICO, KAREN M. GATES**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DIVICO, MARY**
CITY-ST-ZIP **160 LANTANA
FLAGLER BEACH FL 32136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Karen M. Gates

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

3-9-03(313) 886-9769

Date

Daytime Phone #

CR2E083 (10/02)