

808 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000008772

1. Entity Name
KLIXXX PUBLISHING, L.L.C.



Principal Place of Business
**101 NE 3RD AVENUE
SUITE 1500
FT. LAUDERDALE, FL 33301**

Mailing Address
**101 NE 3RD AVENUE
SUITE 1500
FT. LAUDERDALE, FL 33301**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292008 REIN-LLC CR2E101 (1/07)

4. FEI Number
65-1108639

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

**CAHAN, RICHARD J.A.
C/O BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA 10TH FLR
CORAL GABLES, FL 33134**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/29/08

DATE

**FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BENNETT, JOHN
2346 BAYVIEW DR
FORT LAUDERDALE, FL 33305**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500137567755
11/03/08--01043--014 **138.75**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
L. SELLERS

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NOV - 5 2008

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EXAMINER

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

RICHARD J. ALAN CAHAN

10/29/08

Date

305-262-4433

Daytime Phone #

AUTHORIZED REPRESENTATIVE

FILED

08 NOV -4 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

