


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 MAY -6 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018414			
1. Entity Name KLS, LLC			
Principal Place of Business 5230 BIRMINGHAM DRIVE, #102 NAPLES, FL 34110		Mailing Address 5230 BIRMINGHAM DRIVE, #102 NAPLES, FL 34110	
2. Principal Place of Business 13650 Fiddlesticks Blvd Suite, Apt. #, etc. # 206		3. Mailing Address 13650 Fiddlesticks Blvd Suite, Apt. #, etc. # 206	
City & State FT MYERS, FL		City & State FT MYERS, FL	
Zip 33912	County LEE	Zip 33912	County LEE
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUTZ, FRANK 5230 BIRMINGHAM DRIVE, #102 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name: FRANK KAUTZ Street Address (P.O. Box Number is Not Acceptable): 9860 COLONIAL WALK SOUTH City: ESTERO FL Zip Code: 33928	
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: <u>Frank Kautz</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUTZ, FRANK 5230 BIRMIHAM DR #102 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kautz FRANK 9860 COLONIAL WALK SOUTH ESTERO, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 808, Florida Statutes. SIGNATURE: <u>Frank Kautz (FRANK KAUTZ)</u> 4-29-05 (239)398-3970 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			



Public Check Available to Florida Department of State

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