

**2005 LIMITED LIABILITY COMPANY
ANNUAL-REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021743

1. Entity Name
KS INVESTMENTS, LLC



Principal Place of Business

**2216 N DIXIE HWY
BOCA RATON, FL 33431**

Mailing Address

**2216 N DIXIE HWY
BOCA RATON, FL 33431**



01142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
60-0000268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHUETZ, INGEBORG
2121 N. OCEAN BLVD #309 W
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

Ingeborg Schuetz

(NOTE: Registered Agent signature required when reinstating)

03/02/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRAVERMAN, HELEN
6069 NW 23RD AVE.
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RING, EUNICE
26300 EVELYN CT.
FRANKLIN, MI 48025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Eunice Ring - Eunice Ring

Date

Daytime Phone #

1-248-7053911
3-02-05 1-561-4883355