

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L01000022325**

1. Entity Name  
K SQUARE RANCH, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -7 AM 8:16

Principal Place of Business  
2161 NORTH HIGHWAY 27  
CLEWISTON, FL 33440

Mailing Address  
P.O. BOX 1401  
CLEWISTON, FL 33440-1401

2. Principal Place of Business

3. Mailing Address



11202004 REIN-LLC CR2E101 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
04-3586563

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

GRACE, A. DOUGLAS JR.  
2400 FIRST ST., STE. 210  
FORT MYERS, FL 33901

Name **JOHN A. KURTZ**

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

**2161 N. HIGHWAY 27**

City **CLEWISTON**

FL

Zip Code **33440**

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)

DATE

**2-4-2005**

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KURTZ, JOHN A  
2161 N HIGHWAY 27  
CLEWISTON, FL 33440 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200043047862  
11/29/04--01070--010 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**REINSTATEMENT** ☐ Change ☐ Addition  
**04-05**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800046559428  
02/15/05--01006--003 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 exemption stated in Section 119.07(3)(f), 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

**JOHN A. KURTZ**

**11-21-2004**

**863-983-6595**

Date

Daytime Phone #