

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90098 031 ****50.00

DOCUMENT # L02000000436

1. Entity Name

KIV - KAG, LLC



Principal Place of Business

Mailing Address

5598 N. OCEAN BLVD.
OCEAN RIDGE FL 33432

5598 N. OCEAN BLVD.
OCEAN RIDGE FL 33432

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

47-0866194

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

KAGAN, ARNOLD
4001 N. OCEAN BLVD. PH4B
BOCA RATON FL 33432

Name Marcia Kagan

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

5598 N. OCEAN BLVD

City Ocean Ridge

FL

Zip Code 33435

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

Marcia Kagan Secretary

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

NOTE: Registered Agent signature required when reinstating

8/18/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Secretary
NAME Marcia Kagan
STREET ADDRESS 5598 N. Ocean Blvd.
CITY- ST- ZIP Ocean Ridge, FL 33435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(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:

MARCIA KAGAN

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

8/18/03

Date

561 734-9311

Daytime Phone #

CR2E083 (4/03)