LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90013 032 ****50.00

DOCUMENT # L02000014501

1. Entity Name
KC Enterprises L.L.C

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
12175 ROCKLEDGE CIRCLE	12175 ROCKLEDGE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33428 Country: USA	Zip: 33428 Country: USA

4. FEI Number: 30-0088036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2ND AVENUE SUITE 1036

City: MIAMI **FL** Zip Code: 33131

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: Paul Smith PAUL SMITH, VICE PRESIDENT 03-06-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	THOMAS L CLAWSON
STREET ADDRESS	12175 ROCKLEDGE CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	MGRM
NAME	ROLANDO LEQUEUX
STREET ADDRESS	12709 TORBAY DRIVE
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	MGRM
NAME	RAUL CHAYE
STREET ADDRESS	12709 TORBAY DRIVE
CITY-ST-ZIP	BOCA RATON FL 33428
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NAME	
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CR2E083B (12/02)

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: THOMAS L CLAWSON, MGRM 03-07-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #