

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90550 010 \*\*\*\*50.00

DOCUMENT # L02000034503

1. Entity Name

KVI CAPITAL, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2002 SAN MARCO BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

City & State

JAX, FL

City & State

Zip

32207

Country

DUVAL

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD V. KINCAID

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

2002 SAN MARCO BLVD #204

City

JAX

FL

Zip Code

32207

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

*Donald V. Kincaid* DONALD V. KINCAID

4/09/07

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
DONALD V. KINCAID  
1806 EPPING FOREST WAY S.  
JAX, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Donald V. Kincaid* DONALD V. KINCAID

4/09/03 904-398-3552

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

Date

Daytime Phone #