



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000010529		
1. Entity Name K-C LLC		

Principal Place of Business 2121 W. PENSACOLA ST SUITE C TALLAHASSEE, FL 32304	Mailing Address 2121 W. PENSACOLA ST SUITE C TALLAHASSEE, FL 32304
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2. Principal Place of Business		3. Mailing Address <i>2121 W. Pensacola st</i>	
Suite, Apt. #, etc. <i>B1</i>		Suite, Apt. #, etc. <i>B1</i>	
City & State <i>Tallahassee FL</i>		City & State <i>Tallahassee FL</i>	
Zip <i>32304</i>	Country <i>Leon</i>	Zip <i>32304</i>	Country <i>Leon</i>

FILED
05 NOV -4 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11042005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent CASSINOVA, ORVILLE R 640 KISSIMMEE ST TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSINOVA, ORVILLE 2121 W. PENSACOLA ST SUITE C TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061253113 11/08/05--01037--004 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Orville Cassinova* *11/4/05* Daytime Phone #

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

REINSTATEMENT 2005