

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000054379

Entity Name: KNB ENTERPRISES, LLC

**FILED**  
**Oct 25, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

17119 MAGNOLIA ISLAND BLVD.  
CLERMONT, FL 34711

**New Principal Place of Business:**

15152 PENDIO DR  
MONTVERDE, FL 34756

**Current Mailing Address:**

17119 MAGNOLIA ISLAND BLVD.  
CLERMONT, FL 34711

**New Mailing Address:**

15152 PENDIO DR  
MONTVERDE, FL 34756

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SUTHERIN, KATHRYN MRS  
17119 MAGNOLIA ISLAND BLVD  
CLERMONT, FL, FL 34711 US

**Name and Address of New Registered Agent:**

SUTHERIN, KATHRYN MRS  
15152 PENDIO DR  
MONTVERDE, FL 34756 US

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.

SIGNATURE: KATHRYN SUTHERIN

10/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SUTHERIN, KATHRYN A  
Address: 17119 MAGNOLIA ISLAND BLVD.  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SUTHERIN, KATHRYN A  
Address: 15152 PENDIO DR  
City-St-Zip: MONTVERDE, FL 34756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHRYN SUTHERIN

MGRM

10/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date