## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000057869

Entity Name: KSCS HOLDINGS LLC

Name:

Address:

City-St-Zip:

1305 N. FLORIDA AVENUE

TAMPA, FL 33602

FILED Oct 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1305 N. FLORIDA AVENUE TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 1305 N. FLORIDA AVENUE TAMPA, FL 33610 FFI 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: Name and Address of New Registered Agent: SAMARKOS, CHARLES 911 CHESTNUT STREET US CLEARWATER, FL 33756 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: CHARLES SAMARKOS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete THEOFILOS, KATHERINE E Name: Name: Address: 1305 N. FLORIDA AVENUE Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: THEOFILOS, STEPHANIE M Name: Address: 1305 N. FLORIDA AVENUE Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition THEOFILOS, CHRISTINA E Name: Name: 1305 N. FLORIDA AVENUE Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition THEOFILOS, SPEROS J

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHERINE THEOFILOS 10/05/2005