

2006 LIMITED LIABILITY COMPANY RESTATEMENT

DOCUMENT # LQ4000068941

1. Entity Name
KENCO 2004 LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 10:10

Principal Place of Business
1539 GARDEN AVENUE
HOLLY HILL, FL 32117 US

Mailing Address
1539 GARDEN AVENUE
HOLLY HILL, FL 32117 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006 REIN-LLC CR2E101 (11/05)

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYFLORIDACORP.COM
8406 PCB PARKWAY
STE L
PANAMA CITY BEACH, FL 32407

Name Raymond K. Webb

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

1539 Garden Avenue

City Holly Hill, FL

FL Zip Code 32117

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Raymond K. Webb

Raymond K. Webb

3-29-06

FILE NOW!!! FEE IS \$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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGMR
WEBB, RAYMOND
1539 GARDEN AVENUE
HOLLY HILL, FL 32117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400070456734
04/14/06--01041--014 **100.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

Raymond K. Webb

Raymond K. Webb

3-29-06