

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000044273.

1. Entity Name
KK&M, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR -1 PM 3:35

Principal Place of Business
265 FORT SMITH BOULEVARD
DELTONA, FL 32738 US

Mailing Address
265 FORT SMITH BOULEVARD
DELTONA, FL 32738 US

2. Principal Place of Business - No P.O. Box #

245 W BLUE SPRINGS BLVD

3. Mailing Address

245 W BLUE SPRINGS BLVD



03202008 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

SUITE E

City & State

ORANGE CITY FLA

City & State

ORANGE CITY FLA

4. FEI Number

20-2911501

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

32763

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEEFE, TIM
265 FORT SMITH BOULEVARD
DELTONA, FL 32738

245 W BLUE SPRINGS
BLVD
SUITE E
ORANGE CITY FLA
32763

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

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

TITLE MGRM
NAME KEEFE, TIM
STREET ADDRESS 265 FORT SMITH BOULEVARD
CITY-ST-ZIP DELTONA, FL 32738 ☐ Delete

TITLE MGRM
NAME K&M,LLC
STREET ADDRESS 265 FORT SMITH BOULEVARD
CITY-ST-ZIP DELTONA, FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 245 W BLUE SPRINGS BLVD SUITE E
CITY-ST-ZIP ORANGE CITY FLA 32763 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 245 W BLUE SPRINGS BLVD SUITE E
CITY-ST-ZIP ORANGE CITY FL 32763 ☒ Change ☐ Addition

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

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

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

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

3-21-08

Date

407 468 1254

Daytime Phone #