

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000057857

**FILED**  
**Nov 25, 2008**  
**Secretary of State**

**Entity Name:** KICK BIT SOLUTIONS, LLC

**Current Principal Place of Business:**

663 PINE CREST LN.  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

663 PINE CREST LN.  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 11-3753278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORTNER, JAMES H  
663 PINE CREST LN.  
NAPLES, FL 341049519 US

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

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: JAMES H FORTNER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FORTNER, JAMES H  
Address: 663 PINE CREST LN.  
City-St-Zip: NAPLES, FL 341049519

Title: MGRM ( ) Delete  
Name: FORTNER, LORINDA C  
Address: 663 PINE CREST LN.  
City-St-Zip: NAPLES, FL 341049519

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES H FORTNER

MGRM

11/25/2008

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