

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000072570

**FILED**  
**Oct 18, 2006**  
**Secretary of State**

**Entity Name:** K'S STAGING HOMES 2 SELL LLC

**Current Principal Place of Business:**

2822 RAVENDALE LANE  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

3114 BLUFF BLVD  
HOLIDAY, FL 34691 US

**Current Mailing Address:**

2822 RAVENDALE LANE  
HOLIDAY, FL 34691 US

**New Mailing Address:**

3114 BLUFF BLVD  
HOLIDAY, FL 34691 US

**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:**

ANDREWS-BOYER, KAREN  
2822 RAVENDALE LANE  
HOLIDAY, FL 34691 US

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

ANDREWS-BOYER, KAREN  
3114 BLUFF BLVD  
HOLIDAY, FL 34691 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: KAREN ANDREWS- BOYER

10/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDREWS-BOYER, KAREN  
Address: 2822 RAVENDALE LANE  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDREWS-BOYER, KAREN  
Address: 3114 BLUFF BLVD  
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN ANDREWS-BOYER

MGRM

10/18/2006

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