


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -7 PM 2:34

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # L05000099030</b><br>1. Entity Name<br><b>KASA CLEANING SERVICE LLC</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>37 WOOD ACRE LANE<br/>PALM COAST, FL 32164</b>   |  |  | Mailing Address<br><b>37 WOOD ACRE LANE<br/>PALM COAST, FL 32164</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                  |  |  |  |
| 4. FEI Number      10302006      REIN-LLC      CR2E101 (11/05)   |  |  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |  | 6. Name and Address of Current Registered Agent<br><br><b>SANTOS, LORENA N<br/>37 WOOD ACRE LANE<br/>PALM COAST, FL 32164</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |
| <b>FILE NOW!!! FEE IS \$50.00<br/>After January 1, 2007, Fee will be \$100.00</b>  |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS / MANAGERS   |  |  | 10. ADDITIONS / CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>SANTOS, LORENA N<br/>37 WOOD ACRE LANE<br/>PALM COAST, FL 32164</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   | <b>300081595109<br/>11/07/06--01056--004 **50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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. |  |  |  |  |  |
| <b>SIGNATURE:</b> <u>Lorena N Santos</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | Date: <u>10/30/06</u> Daytime Phone #: <u>386-931-7520</u>           |  |  |

REINSTATEMENT 2006