

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000032594

1. Limited Liability Company's Name

Kakesby Karen, LLC

FILED

JUN 15 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700182091747
06/15/10--01013--011 **\$16.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1030 Collier Center Way #5 1030 Collier Center Way #5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34110

USA

34110

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

3/29/2006

6. FEI Number

20-4584458

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Karen M. Vazquez

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

16172 Parque Lane

Suite, Apt. #, Etc.

Naples,

City

State

Zip Code

FL

34110

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Karen M. Vazquez

REGISTERED AGENT MUST SIGN

Date June 1st, 2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM Mrs.	Karen M. Vazquez	16172 Parque Lane	Naples, FL 34110
MGRM Mr.	Ricardo Albertorio	16172 Parque Lane	Naples, FL 34110

JB

REINSTATEMENT 2008-10

11. E-mail Address: KakesbyKaren@earthlink.net
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Karen M. Vazquez

Date

6/1/2010

Daytime Phone #

239-398-3334

Typed or printed name of signing Managing Member/Manager

Karen M. Vazquez