

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000114778

FILED  
Sep 30, 2007  
Secretary of State

Entity Name: K S N CONSULTING SERVICES LLC

**Current Principal Place of Business:**

9845 D BOCA GARDENS CIRCLE NORTH  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

9845 D BOCA GARDENS CIRCLE NORTH  
BOCA RATON, FL 33496 US

**New Mailing Address:**

P.O. BOX 880332  
BOCA RATON, FL 33488 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:**

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

GARAY, KATTY  
9845 D BOCA GARDENS CIRCLE NORTH  
BOCA RATON, FL 33496 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: KATTY GARAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARAY, KATTY  
Address: 9845 D BOCA GARDENS CIRCLE NORTH  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete  
Name: GARAY, SARINA  
Address: 9845 D BOCA GARDENS CIRCLE NORTH  
City-St-Zip: BOCA RATON, FL 33496 US

**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: KATTY GARAY

MGR

09/30/2007

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