

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000000292

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** THE KOENIG GROUP L.L.C.

**Current Principal Place of Business:**

11211 SOUTH MILITARY TRAIL APT 122  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

3873 NW 59TH ST  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

11211 SOUTH MILITARY TRAIL APT 122  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

3873 NW 59TH ST  
COCONUT CREEK, FL 33073

**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:**

HAWKINS, JASON  
11211 SOUTH MILITARY TRAIL APT 122  
BOYNTON BEACH, FL 33436 US

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

HAWKINS, JASON MGRM  
3873 NW 59TH ST  
COCONUT CREEK, FL 33073 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: JASON HAWKINS

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: HAWKINS, JASON G MGRM  
Address: 3873 NW 59TH ST  
City-St-Zip: COCONUT CREEK, FL 33073

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: JASON HAWKINS

MGRM

04/07/2009

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