## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000043483

Entity Name: K-C CONTRACTING SERVICES LLC

FILED Dec 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

545 BURLEIGH AVE. 2553 BELMONT AV

HOLLY HILL, FL 32117 NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

545 BURLEIGH AVE. 2553 BELMONT AV

HOLLY HILL, FL 32117 NEW SMYRNA BEACH, FL 32168

FEI Number: 23-3978844 FEI Number Applied For ( ) FEI Number Not Applicable ( ) 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: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: THOMAS COLLINS

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

## ANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: PARKER, SHAWNA Name: PARKER, SHAWNA

 Address:
 545 BURLEIGH AVE.
 Address:
 2553 BELMONT AV

 City-St-Zip:
 HOLLY HILL, FL 32117
 City-St-Zip:
 NEW SMYRNA BEA

City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: COLLINS, THOMAS Name: COLLINS, THOMAS

Address: 545 BURLEIGH AVE. Address: 2553 BELMONT AV

City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete Title: S (X) Change () Addition Name: PARKER, SHAWNA Name: PARKER, SHAWNA

Address: 545 BURLEIGH AVE. Address: 2553 BELMONT AV

City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: THOMAS COLLINS MGR 12/03/2009