

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000048271

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** LK CONFERENCE AND MEETINGS, LLC

**Current Principal Place of Business:**

4446 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

4446 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169 US

**New Mailing Address:**

**FEI Number:** 26-2770524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUEHLER, LISA S  
4446 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169 US

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

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:** LISA KUEHLER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MS.  
**Name:** KUEHLER, LISA S  
**Address:** 4446 SAXON DRIVE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32169

I hereby 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:** LISA KUEHLER

MS.

02/01/2012

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