

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000052558

Entity Name: KILAYKOVISION LLC

FILED
Oct 09, 2009
Secretary of State

Current Principal Place of Business:

2202 S CYPRESS BEND DR #503
POMPANO BEACH, FL 33069

New Principal Place of Business:

2202 S CYPRESS BEND DR
#503
POMPANO BEACH, FL 33069

Current Mailing Address:

2202 S CYPRESS BEND DR #503
POMPANO BEACH, FL 33069

New Mailing Address:

2202 S CYPRESS BEND DR
#503
POMPANO BEACH, FL 33069

FEI Number: 42-1764947 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:

KILAYKO, CHRISTOPHER
2202 S CYPRESS BEND DR #503
POMPANO BEACH, FL 33069 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: CHRISTOPHER KILAYKO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KILAYKO, CHRISTOPHER
Address: 2202 S CYPRESS BEND DR #503
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGR () Delete
Name: KILAYKO, ASHLEE
Address: 2202 S CYPRESS BEND DR #503
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM () Delete
Name: KILAYKO, MICHAEL
Address: 826 WESSEX PL
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER KILAYKO

MGR

10/09/2009

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