

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000044346

Entity Name: K.O.B. KUSTOMS, LLC

**FILED**  
**Nov 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1810 S PARSONS AVE  
STE 112  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

1810 S PARSONS AVE  
STE 112  
SEFFNER, FL 33584

**New Mailing Address:**

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

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

GLOVER, KANDI N  
1119 VINETREE DR  
BRANDON, FL 33510 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: KANDI GLOVER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCKINNIE, THOMAS E SR  
Address: 1810 S PARSONS AVE, STE 112  
City-St-Zip: SEFFNER, FL 33584

Title: MGR  
Name: WILSON, JOHN  
Address: 39645 5TH AVE. AVE  
City-St-Zip: ZAPHYHILLS, FL 33542

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: THOMAS MCKINNIE

MGRM

11/16/2010

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