

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000051580

**Entity Name:** KUDOS ALLIED, LLC

**FILED**  
**May 03, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

10917 N. DALE MABRY HWY.,  
TAMPA, FL 33688

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 270502  
TAMPA, FL 33688

**New Mailing Address:**

P.O. BOX 270502  
TAMPA, FL 33688

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OGUNDOGBA, ADELEKE  
10873 CORY LAKE DRIVE  
TAMPA, FL 33647 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: A. A. OGUNDOGBA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BANJOKO, STEPHEN O  
Address: P. O. BOX 270502  
City-St-Zip: TAMPA, FL 33688 US

Title: MGRM  
Name: OGUNDOGBA, ADELEKE A  
Address: P. O. BOX 270502  
City-St-Zip: TAMPA, FL 33688 US

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: A. A. OGUNDOGBA

MGRM

05/03/2013

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