

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000127153

Entity Name: MSKP, LLC

**FILED**  
**Oct 14, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

2821 CONYERS COURT  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

2821 CONYERS COURT  
DELTONA, FL 32738 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SLAVEN, KATHY  
2821 CONYERS COURT  
DELTONA, FL 32738 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: KATHY SLAVEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SLAVEN, KATHY  
Address: 2821 CONYERS COURT  
City-St-Zip: DELTONA, FL 32738

Title: MGRM  
Name: SLAVEN, MATTHEW W  
Address: 2821 CONYERS COURT  
City-St-Zip: DELTONA, FL 32738

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: KATHY SLAVEN

MGRM

10/14/2013

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