

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000140505

**Entity Name:** KSY 157, L.L.C.

**Current Principal Place of Business:**

2555 PONCE DE LEON BLVD,  
C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320  
CORAL GABLES , FL 33134

**Current Mailing Address:**

2555 PONCE DE LEON BLVD,  
C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320  
CORAL GABLES , FL 33134 US

**FEI Number:** 61-1581896

**Certificate of Status Desired:** No

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

ADMIRE , JOHN G ESQ.  
2555 PONCE DE LEON BLVD,  
C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320  
CORAL GABLES , FL 33134 US

*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:** JOHN G ADMIRE

10/14/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHAIRMAN  
Name KWAN , LUISA  
Address 2555 PONCE DE LEON BLVD,  
C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name KWAN , KRISTINE B  
Address 2555 PONCE DE LEON BLVD,  
C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUISA KWAN

CHAIRMAN

10/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date