

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000004200

**Entity Name:** KCOY, LLC

**Current Principal Place of Business:**

5300 BROKEN SOUND BLVD. NW #110  
BOCA RATON, FL 33487

**Current Mailing Address:**

5300 BROKEN SOUND BLVD. NW #110  
BOCA RATON, FL 33487

**FEI Number:** 47-4157750

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	PRESIDENT
Name	LEVITETZ, JEFFREY A	Name	RUTNER, ALAN
Address	5300 BROKEN SOUND BLVD. NW #110	Address	5300 BROKEN SOUND BLVD. NW #110
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	SECRETARY	Title	ASST. SECRETARY
Name	RUTNER, ALAN	Name	GENIN, LYLE S.
Address	5300 BROKEN SOUND BLVD. NW #110	Address	161 N. CLARK STREET SUITE 2600
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	CHICAGO IL 60601

*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:** LYLE S. GENIN

**ASST. SECRETARY**

**02/18/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date