

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000018368

1. Entity Name
AKAMBI MANAGEMENT, LLC



Principal Place of Business
ARTHUR E. BIGGS III
4401 SOUTHWEST BIMINI CIRCLE NORTH
PALM CITY, FL 34990 US

Mailing Address
ARTHUR E. BIGGS III
801 SOUTHWEST SAN ANTONIO DRIVE
PALM CITY, FL 34990 US

FILED
Jun 24, 2008 08:00 AM
Secretary of State



06202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1155552

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIGGS, ARTHUR E
801 SOUTHWEST SAN ANTONIO DRIVE
PALM CITY, FL 34990

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000953345
06/24/08-80001-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BIGGS, ARTHUR E
801 SOUTHWEST SAN ANTONIO DRIVE
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BIGGS, ARTHUR E III
4401 SOUTHWEST BIMINI CIRCLE NORTH
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BIGGS, CHARLOTTE E
801 SOUTHWEST SAN ANTONIO DRIVE
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

Arthur E. Biggs

6/20/08