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## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## Jul 11, 2003 8:00 am **Secretary of State** DOCUMENT # L02000032291 07-11-2003 90026 044 \*\*\*\*55.00 1. Entity Name E & K INVESTMENTS "LLC" Principal Place of Business Mailing Address 9660 SW 62 CT 9660 SW, 62 CT TRENTON FL 32693 TRENTON FL 32693 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable <u> 14-307/356</u> Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANDERHEYDEN, ERIC G Street Address (P.O. Box Number is Not Acceptable) 9660 SW 62 CT TRENTON FL 32693 Zip Code 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 Enic Vanderhenden Signature, typed or printed name of registered agent and title if (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MANAGER TITLE ☐ Delete TITLE Change ★ Addition Eric Vandecheyden NAME NAME STREET ADDRESS STREET ADDRESS appo sus band cit Tranton Fl 33693 CITY-ST-ZIP CITY-ST-ZIP Assistant Manager Kelly Vanderheyden ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME que sus band ch STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP~ Trenson Fl ☐ Delete TITLE ☐ Addition TITLE □ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legos effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE