

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY

Annual  
Report



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JAN 27 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~D0000705928~~

1. Limited Liability Company's Name

L04000052123

**C & K Artistry LLC**

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

156 Bayou Drive

Suite, Apt. #, etc.

1

City & State

Destin, Florida

Zip

32541

Country

Okaloosa

3. Mailing Office Address

156 Bayou Drive

Suite, Apt. #, etc.

1

City & State

Destin Florida

Zip

32541

Country

Okaloosa

4. State/Country of Formation

Florida/Okaloosa

5. Date Organized or Qualified  
To Do Business in Florida

2002

6. FEI Number

611475355

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Cynthia Sue Keller

Street Address (P.O. Box Number is Not Acceptable)

156 Bayou Drive

Suite, Apt. #, Etc.

1

City

Destin

State

FL

Zip Code

32541

300191331793  
01/13/11--01031--013 \*\*238.75

300191331793  
01/27/11--01035--009 \*\*138.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/7/11

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Owner	Cynthia Sue Keller	156 Bayou Drive	Destin, FL 32541

11. E-mail Address: cskartist17@gmail.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 1/7/11

Daytime Phone # 850-376-3671

Typed or printed name of signing Managing Member/Manager

Cynthia S Keller



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2011

C & K ARTISTRY LLC  
156 BAYOU DRIVE #1  
DESTIN, FL 32541

SUBJECT: C & K ARTISTRY LLC  
Ref. Number: L04000052123

We have received your document for C & K ARTISTRY LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2009, all Annual Report filings must be entered and submitted electronically online. To file your Annual Report, simply go to our website, [www.sunbiz.org](http://www.sunbiz.org), and click on the blue box entitled "File Current Year Annual Report or Amended Annual Report Here," which is located in the middle of the page. Next, enter the entity's Florida document or registration number in the appropriate box and click the "submit" button.

Annual Report payments can be made by credit card, debit card, or by check or money order. For credit card and debit card processing allow 2-3 days; if paying by check or money order allow 3-5 weeks. An Annual Report will be processed and posted after the credit card or debit card payment is confirmed or when the check or money order and the required payment voucher are received and processed by our office. All payment options will display after you complete and submit your Annual Report online.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 811A00001308