

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90029 003 ****50.00

DOCUMENT # L03000027314					
1. Entity Name D & K DESIGN LLC					
Principal Place of Business 9201 ROE STREET PENSACOLA, FL 32514			Mailing Address 9201 ROE STREET PENSACOLA, FL 32514		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-1084507	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 ✓ Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN GEMERDEN, KENNETH 4409 CITY DEL DRIVE PENSACOLA, FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Van Gernerden, Kenneth 4409 Citadel Drive Pensacola, FL 32514	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN GEMERDEN, DANIEL W 1520 LIGHT HOUSE COURT GULF BREEZE, FL 32563	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN Gernerden, Daniel 10010 Sunday Drive Cantonment, FL 32533	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing 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 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: _____			1/10/05 850-484-3225		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		