

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003350

Entity Name: POLK ENTERPRISES, LLC

FILED
Feb 03, 2005
Secretary of State

Current Principal Place of Business:

1015 E. SEMORAN BLVD., #225
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1015 E. SEMORAN BLVD., #225
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3638275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLK, NEAPOLEON F
1015 E. SEMORAN BLVD., #225
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: POLK, NEAPOLEON
Address: 1015 E. SEMORAN BLVD., #225
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: POLK, RUTH JAXSON
Address: 579 NAPOLEON LANE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: NEAPOLEON POLK

PRES

02/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date