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FILED

Apr 21, 2002 8:00 am
Secretary of State

04-01-2002 90046 037 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000466

1. Entity Name

BLK, L.L.C.

Principal Place of Business

5884 ENTERPRISE PARKWAY
FT. MYERS FL 33905

Mailing Address

~~KOK BOK XXXX~~
~~XXXXXX FL XXXX~~501 W. Peachtree St...
Lakeland, FL 33815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR.
12870 NEW BRITTANY BLVD.
SUITE 101
FT. MYERS FL 33907

Name

Gibbons, Tucker, Miller, Whatley & Stein, PA

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

101 E. Kennedy Blvd., Suite 1000

Tampa, FL 33602-5146

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.

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, PA

SIGNATURE By: Jacqueline B. Whatley, Esq.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	President	<input type="checkbox"/> Delete
NAME	Lori Ramey	
STREET ADDRESS	13180 North Cleveland Avenue, #313	
CITY-ST-ZIP	North Ft. Myers, FL 33903	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.P. - Treasurer	<input type="checkbox"/> Delete
NAME	Billy R. Davis, Jr.	
STREET ADDRESS	501 West Peachtree Street	
CITY-ST-ZIP	Lakeland, FL 33815	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lori Ramey*

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

Date

Daytime Phone #

3/15/02 941-995-6900

CP2E083 (9/01)