

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001400**

1. Entity Name  
**A.K.S. SOUTHWEST FLORIDA, LLC**



Principal Place of Business

**743 BENTWATER CIRCLE  
UNIT 201 PELICAN BAY - THE BREAKWATER  
NAPLES, FL 34108**

Mailing Address

**743 BENTWATER CIRCLE  
UNIT 201 PELICAN BAY - THE BREAKWATER  
NAPLES, FL 34108**



03092006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**77-0608877**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STANCIU, ALINA  
743 BENTWATER CIRCLE  
UNIT 201 PELICAN BAY - THE BREAKWATER  
NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/9/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STANCIU, ALINA  
743 BENTWATER CIRCLE UNIT 201  
NAPLES, FL 34108**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**U00000468158  
03/24/06-80013-025 55.00**

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Alina Stanciu*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

**3/9/06**

**239 949 2020**