

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**



07252008 No Chg-LLC

CR2E083 (12/07)

**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)

7/30/08

DATE

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

**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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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000957504  
08/11/08-80004-004 538.75

**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: [Signature]

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

7/30/08 239.949.2020

Date

Daytime Phone #