

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90065 002 ***550.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LO1000006031	
1. Entity Name ES2K, LLC.	

DO NOT WRITE IN THIS SPACE

90156802

2. Principal Place of Business 1307 McDermott Ln.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State R.P.B. FL.		City & State	
Zip 33411	Country W.S.A.	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1096328		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name George G. King		
Street Address (P.O. Box Number is Not Acceptable) 1307 McDermott Ln.		
City R.P.B.	State FL	Zip Code 33411

**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


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

9-9-03

DATE

FEE IS \$50.00

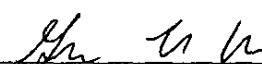
**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner / President George King 1307 McDermott Ln. R.P.B. FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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:


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

9-9-03

Date

Daytime Phone #