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 # L01000006031

1. Entity Name

ES2K, LLC.

DO NOT WRITE IN THIS SPACE

90156802

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2. Principal Place of Business	3. Mailing Address
1307 McDermott Ln.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: R.P.B. Fl.	City & State
Zip: 33411 Country: U.SA	Zip Country

4. FEI Number: 65-1096328 ☐ Applied For ☐ Not Applicable

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

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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. FL Zip Code: 33411

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] 9-9-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Owner / President	TITLE	
NAME	George King	NAME	
STREET ADDRESS	1307 McDermott Ln.	STREET ADDRESS	
CITY-ST-ZIP	R.P.B. Fl. 33411	CITY-ST-ZIP	
TITLE	Re	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] 9-9-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #