2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

DOCUMENT # L0100008260 1. Entity Name AKERS HOLDINGS, LLC					01-10-2005 90055 049 ****50.00				
Principal Place of Business 5006 20TH AVE S TAMPA, FL 33619 Mailing Address 5006 20TH AVE S TAMPA, FL 33619		5006 20TH AVE S							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032005	Chg-LLC	CR2E0	83 (10/03)	•
City & State		City & State			4. FEI Number Applied For 59-3740531 Not Applicable				
Zip ~	Country		Country	-		of Status Desired		\$5.00 Add Fee Required	
-	6. Name and Address of Current F	Registered Agent	110-00		7. Name and	Address of New I	Registered	Agent	
AVERC D	DEAN		Name						
AKERS, R. DEAN 474 LUCERNE AVE TAMPA, FL 33606			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City					Zip Code	· · · · · · · · · · · · · · · · · · ·
	·	<u> </u>					FL	·	
	named entity submits this statement for lions of registered agent.		istered office or	r registere	ed agent, or bo	th, in the State of Fl	lorida. I am	familiar with,	and accept
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Reg	gistered Agent signati	ura required	when reinstating)		DATE		
Fi D	Signature, typed or printed name of registered agent as silling Fee is \$50.00 ue by May 1, 2005	nd litle if applicable. (NOTE: Reg	gistered Agent signati	ura raquired	when reinstating)		ke check p	ayable to ent of State	
Fi D		<u> </u>	gistered Agent signat	,	-	Florid	ke check p	ent of State	
	iling Fee is \$50.00 ue by May 1, 2005	<u> </u>		MG	R	ADDITIONS	ke check p la Departm	ent of State	. Addition
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGR AKERS, R. DEAN	AS/MANAGERS	10. IITLE	MG	R	ADDITIONS	ke check p la Departm	ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGR AKERS, R. DEAN 474 LUCERNE AVE	AS/MANAGERS	10. TITLE NAME STREET ADDRESS	MG 814	R PHAG PRINCE	ADDITIONS AN TON LAKE	ke check p la Departm	ent of State	☐ Addition
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thereby certify that the information supplied with this filling 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. 813-242

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