2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100008308

1. Entity Name

N-K VENTURES LC



FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90040 002 ****50.00

Principal Place of Business Mailing Address												
319 CLEMATIS STREET SUITE 512 WEST PALM BEACH FL 33401			319 CLEMATIS STREET SUITE 512 WEST PALM BEACH FL 33401				1 1 9 1 1 1 1 1	41 88 1 8 1 (1 8 1) 88 1	FI 88 111 88 111 48		(1140 NAN 4	Di a n 1883 h a a
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State	***	4.	FEI Number	03-038	4100			oplied For ot Applicable	
Zip		Country Zip Cour			try	5.	Certificate o	f Status Desir	ed 🗆		.00 Add	
6. Name and Address of Current Registered Agent						7.	Name and A	ddress of N	ew Register	red Age	ent	
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH FL 33401					Street Address (P.O. Box Number is Not Acceptable)							
					City					FL	Zip Cod	e
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 a	and title if applicable. (NC	TE: Registere	d Agent signature	e required when r	einstating)		DA	ATE .		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003												
9. MANAGING MEMBERS/MANAGERS 10.								ADDITIO	ONS/CHAN	GES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		J. KEVIN MATIS ST., STE. 512 NLM BEACH FL 33401	☐ Delete] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		3						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Service Annual Control	☐ Delete			·	y and and the second second	- :	<u> </u>		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	□ Delete							- <u> </u>] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	CITY	E Et address -St-Zip] Change	Addition

Indicated on this report is true and advantage among over the months are legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.