

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000009367	
1. Entity Name BKS, LLC	

Principal Place of Business 1590 SOUTH WOODLAND BOULEVARD DELAND FL 3272 US	Mailing Address POST OFFICE BOX 2813 DELAND FL 32723 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE	CR2E083 (10/07)
4. FEI Number 59-3726379	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KAISER, FREDERICK H POST OFFICE BOX 2813 DELAND FL 32723	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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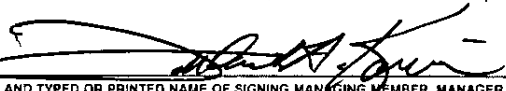
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATTEN, DALE D POST OFFICE BOX 220044 DELAND FL 32723 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATTEN, SUSAN H P.O. BOX 220044 DELAND FL 32722 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAISER, FREDERICK H 2188 BOND RD. DELAND FL 32720 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAISER, ANNA M 2188 BOND RD. DELAND FL 32720 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, GEORGE S III 967 TORCHWOOD DR. DELAND FL 32724 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, SHARON E 967 TORCHWOOD DR. DELAND FL 32724 ☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  **MGRM** **1/23/08** **386-740-0082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE