

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90021 013 *****50.00

0008353

DOCUMENT # L01000011975

1. Entity Name

AKS PROPERTIES, L.L.C.



Principal Place of Business

Mailing Address

**3893 INDIAN TRAIL
DESTIN FL 32541**

**P.O. BOX 1754
DESINT FL 32540**

2. Principal Place of Business

82 Arons Reef

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Zip

32541

USA

Country

4. FEI Number

59-3745850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABERCROMBIE, WELDON P.
3893 INDIAN TRAIL
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete

NAME **ABERCROMBIE, WELDON**
STREET ADDRESS **3893 INDIAN TRL**
CITY-ST-ZIP **DESTIN FL 32541**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 REQUIRED

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

Date

Daytime Phone #

7/15/03 8508501844

CR2E083 (4/03)