

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000016469

1. Entity Name
ACK-TEN GROUP, LLC



Principal Place of Business
**2404 B. S. SEACREST BLVD.
BOYNTON BEACH, FL 33435**

Mailing Address
**2404 B. S. SEACREST BLVD.
BOYNTON BEACH, FL 33435**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1141015

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

**BLOCH, STUART E ESQ.
980 NORTH FEDERAL HIGHWAY, SUITE 412
BOCA RATON, FL 33496**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**1000000401362
02/02/06 80042-004 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ACKERMAN, HOWARD
2404 B. S. SEACREST BLVD.
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LITTEN, JORDAN
2404 B. S. SEACREST BLVD.
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LITTEN, LORETTA
2404 B. S. SEACREST BLVD.
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 609, Florida Statutes.

SIGNATURE:

Howard Ackerman

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

Date

Daytime Phone #