

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90062 035 ****50.00

DOCUMENT # L01000019403

1. Entity Name
CK ARTHUR GODFREY, LLC



Principal Place of Business
10800 BISCAYNE BLVD
820
NORTH MIAMI, FL 33161

Mailing Address
10800 BISCAYNE BLVD
820
NORTH MIAMI, FL 33161

24055666



DO NOT WRITE IN THIS SPACE

04232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1155932

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHE DE BERDOUARE, CHRISTIAN
10800 BISCAYNE BLVD
SUITE 820
NORTH MIAMI, FL 33161

**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 reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MAHE DE BERDOUARE, CHRISTIAN
STREET ADDRESS 10800 BISCAYNE BLVD SUITE 820
CITY-ST-ZIP NORTH MIAMI, FL 33161

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

Date

Daytime Phone #