

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # L01000020083

1. Entity Name
ARK ENTERPRISES, LLC



Principal Place of Business
8455 NW 70TH STREET
MIAMI, FL 33166

Mailing Address
PO BOX 52-3065-
MIAMI, FL 33152



01112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-0000684

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EPPERSON, JOHN K JR
8455 NW 70TH STREET
MIAMI, FL 33166

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME EPPERSON, JOHN K JR.
STREET ADDRESS P.O. BOX 52-3065
CITY-ST-ZIP MIAMI, FL 331523065

TITLE MGRM
NAME EPPERSON, ROD R
STREET ADDRESS SYSCO FOOD DIST PO BOX 1911
CITY-ST-ZIP PALMETTO, FL 342201911

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/15/07-80062-020 50.00

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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 608, Florida Statutes.

SIGNATURE: John K. Epperson Jr. MGR J.K. EPPERSON, JR. MANAGER 2/6/07 (305) 592-7888

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

Date

Daytime Phone #