

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 044 ****50.00

0046770

DOCUMENT # L02000009292

1. Entity Name

R/K SERVICES, LLC



Principal Place of Business

**3199 ARNOLD ROAD
JACKSONVILLE FL 32218**

Mailing Address

**3199 ARNOLD ROAD
JACKSONVILLE FL 32218**

2. Principal Place of Business

2731 Arnold Rd

Suite, Apt. #, etc.

3. Mailing Address

2731 Arnold Rd

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32218

Country

USA

Zip

32218

Country

USA

4. FEI Number

59-3626368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HOROWITZ, MITCHELL I
501 EAST KENNEDY BOULEVARD, SUITE 1700
TAMPA FL FL336-02**

7. Name and Address of New Registered Agent

Name **Kathy Carpenter**

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

2731 Arnold Rd

City **Jacksonville**

FL

Zip Code **32218**

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 **Kathy Carpenter**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **Manager** ☐ Delete
NAME **Kathy Carpenter**
STREET ADDRESS **2731 Arnold Rd**
CITY-ST-ZIP **Jacksonville FL 32218**

TITLE **Manager** ☐ Delete
NAME **Kathy Carpenter**
STREET ADDRESS **2731 Arnold Rd**
CITY-ST-ZIP **Jacksonville FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Kathy Carpenter**

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

4-30-03 9047681441

Date

Daytime Phone #

CR2E083 (10/02)