

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90021 013 ***138.75

DOCUMENT # L02000013589

1. Entity Name
DKB MANAGEMENT ENTERPRISES, LLC



Principal Place of Business
**4296 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224**

Mailing Address
**4296 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224**



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0616452

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BORSTEIN, CHARLES A
STREET ADDRESS	900 CYPRESS GREEN DR #106
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VP-Treasurer
NAME	Michael A. Cassis
STREET ADDRESS	3822 Reds Boat La.
CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael Cassis, Michael Cassis

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

1-14-08 904-612-0328

Date

Daytime Phone #