

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90056 032 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000015686 1. Entity Name L & K, LLC																																																																																																			
Principal Place of Business 3616 TAMiami TRAIL PORT CHARLOTTE, FL 33952			Mailing Address 3616 TAMiami TRAIL PORT CHARLOTTE, FL 33952																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o Jack O. Hackett II 99 Nesbit Street																																																																																																	
City & State Zip Country		City & State Punta Gorda, FL Zip Country 33950		4. FEI Number N/A - USGS SSN.																																																																																															
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																															
6. Name and Address of Current Registered Agent LEIST, JULIE 3616 TAMiami TRAIL PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Jack O. Hackett II, Esquire Street Address (P.O. Box Number is Not Acceptable) 99 Nesbit Street City Punta Gorda FL Zip Code 33950																																																																																																
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 Jack O. Hackett II. DATE 5/21/03																																																																																																			
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003																																																																																																			
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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 606, Florida Statutes. SIGNATURE: Julie Leist, Mgr. DATE 5/21/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																																			

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