

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90425 026 ****50.00

DOCUMENT # L02000017395

1. Entity Name

KIRKEY PRODUCTS GROUP, LLC



Principal Place of Business

1920 BOOTHE CIR., SUITE 200
LONGWOOD FL 32750

Mailing Address

1920 BOOTHE CIR., SUITE 200
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E083 (11/03)

4. FEI Number

04-3703668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUGGIERO, STANLEY J JR.
463 DREAMLAKE DRIVE
APOPKA FL 32712-4185

Name

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

1920 Boothe Circle, Suite 200

City Longwood,

FL

Zip Code 32750

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME RUGGIERO, STANLEY J
STREET ADDRESS 463 DREAMLAKE DR.
CITY-ST-ZIP APOPKA FL 32712-4185

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1920 Boothe Circle, Suite 200
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

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

Stanley J. Ruggiero, Jr.

Date

Daytime Phone #

3-18-04

407-331-5151