

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000020456**

1. Entity Name  
W.K., L.L.C.



Principal Place of Business

217 JOHN KNOX ROAD  
TALLAHASSEE, FL 3203

Mailing Address

217 JOHN KNOX ROAD  
TALLAHASSEE, FL 3203



01122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

35-2177658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIRBY, ROBERT H  
3836 EAST MILLERS BRIDGE  
TALLAHASSEE, FL 32312

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME WILKINSON, BENJAMIN H JR.  
STREET ADDRESS 217 JOHN KNOX ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGR  
NAME KIRBY, ROBERT  
STREET ADDRESS 3836 EAST MILLERS BRIDGE  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE MGR  
NAME WILKINSON, BENJAMIN JR.  
STREET ADDRESS 217 JOHN KNOX ROAD  
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STREET ADDRESS  
CITY-ST-ZIP

1100000184647  
01/20/05-80038-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-18-05

850-385-6362