

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

04-30-2003 90191 008 ****50.00

DOCUMENT # L02000031552

1. Entity Name

S & K DEVELOPMENT LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5494 5th Street

Suite, Apt. #, etc.

3. Mailing Address

5494 5th Street

Suite, Apt. #, etc.

44003279

DO NOT WRITE IN THIS SPACE

City & State
St. Augustine, FL

Zip
32080

Country
St. Johns

City & State
St. Augustine FL

Zip
32080

Country
St. Johns

4. FEI Number

55-0808255

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sally R. Walters

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

5494 5th Street

City St. Augustine

FL

Zip Code 32080

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

Sally R. Walters, member

5/28/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE member
NAME Sally Walters
STREET ADDRESS 5494 5th St
CITY-ST-ZIP St. Augustine, FL 32080

TITLE member
NAME Terry Kifer
STREET ADDRESS 1085 Sunset Blvd
CITY-ST-ZIP Glendon, PA 16214

TITLE member
NAME Rhonda Kifer
STREET ADDRESS 1085 Sunset Blvd
CITY-ST-ZIP Glendon, PA 16214

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CITY-ST-ZIP

**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 Sally R. Walters, member

5/28/03 (904) 471-5142

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

Date

Daytime Phone #

CR2E083B (12/02)