

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000000872**

1. Entity Name  
**AKJ PRODUCTS, LLC**



Principal Place of Business

**10181 SIX MILE CYPRESS PARKWAY  
UNIT A  
FORT MYERS, FL 33912**

Mailing Address

**10181 SIX MILE CYPRESS PARKWAY  
UNIT A  
FORT MYERS, FL 33912**



03272007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**30-0138339**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BURNSIDE, KENNETH D  
10181 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33912**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**  
NAME **BURNSIDE, KENNETH D**  
STREET ADDRESS **10181-A SIX MILE CYPRESS PKWY**  
CITY-ST-ZIP **FT MYERS, FL 33912-33966**

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U00000694655  
04/17/07-80028-021 50.00

**DO NOT WRITE  
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:**

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

Date

Daytime Phone #

**4-4-07**