

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

07 JAN 18 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000002783

1. Entity Name  
CMK SOLUTIONS, LLC



Principal Place of Business  
4502 THAXTON COURT  
TALLAHASSEE, FL 32309

Mailing Address  
4502 THAXTON COURT  
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #  
1882 Capital Circle NE

3. Mailing Address  
1882 Capital Circle NE

Suite, Apt. #, etc.  
105

Suite, Apt. #, etc.  
105

City & State  
Tallahassee FL

City & State  
Tallahassee FL

Zip  
32308

Country  
USA

Zip  
32308

Country  
USA

01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
51-0448218

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MATTINGLY, REBECCA D  
4502 THAXTON COURT  
TALLAHASSEE, FL 32309

**7. Name and Address of New Registered Agent**

Name: Rebecca Darden Mattingly  
Street Address (P.O. Box Number is Not Acceptable)  
1882 Capital Circle NE, Ste. 105

City: Tallahassee FL Zip Code: 32308

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: Rebecca D Mattingly 1-18-07  
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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: MGRM  
NAME: MATTINGLY, REBECCA D  
STREET ADDRESS: 4502 THAXTON COURT  
CITY-ST-ZIP: TALLAHASSEE, FL 32309 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE: MGRM  
NAME: Mattingly, Rebecca D.  
STREET ADDRESS: 1882 Capital Circle NE, Ste. 105  
CITY-ST-ZIP: Tallahassee FL 32308 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: 100085019661  
STREET ADDRESS: 01/18/07--01039--020  
CITY-ST-ZIP: \*\*55.00

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

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

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

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

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: Rebecca D Mattingly 1/18/07 850 491 0348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #