

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008799

1. Entity Name
AKOS TECHNOLOGIES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:32

2006-00
9-15-06

Principal Place of Business
532 WOODVIEW DR
LONGWOOD, FL 32779 US

Mailing Address
532 WOODVIEW DR
LONGWOOD, FL 32779 US



2. Principal Place of Business
7901 Baymeadows Way
Suite, Apt. #, etc.
Suite 1
City & State
Jacksonville, FL
Zip
32256 Country
US

3. Mailing Address
9526 Argyle Forrest Blvd
Suite, Apt. #, etc.
Suite 2, PMB #509
City & State
Jacksonville, FL
Zip
32222 Country
US

07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
16-1657724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
COBB, KENNETH B II
532 WOODVIEW DRIVE
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent
Name
Raymond H. Smithers
Street Address (P.O. Box Number is Not Acceptable)
3785 Blackthorn Ct
City
Orange Park FL Zip Code
32073

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 Raymond H. Smithers 1-22-07
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEST, GEOFFREY A 139 PINECREST LANE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Raymond H Smithers 3785 Blackthorn Ct. Orange Park, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700089029377 02/23/07--01007--008 **205.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06-07 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Raymond H. Smithers 1-22-07 904-237-1489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #