2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

sup/man

Jan 10, 2006 8:00 am Secretary of State DOCUMENT # L03000009363 1. Entity Name 01-10-2006 90040 007 ****50.00 ARK GROUP, LLC Principal Place of Business Mailing Address 1172 S. DIXIE HWY. #559 12316 N.W. 39TH AVE 4000000 CORAL GABLES, FL 33146 GAINESVILLE, FL 32606 3. Mailing Address 2. Principal Place of Business 4965 Hammock Lake Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E083 (11/05) Chq-LLC City & State City & State 4. FEt Number Applied For Coral Gables 05-0558998 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORLDWIDE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2780 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306 Zip Code 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, 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, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** ☐ Delete TITLE TITLE ☐ Change ☐ Addition SUGARMAN, NOAH R NAME NAME STREET ADDRESS 12316 N.W. 39TH AVE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT1 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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