

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

04-20-2006 90034 029 \*\*\*\*\*50.00  
L03000009363

FILED

06 APR 25 PM 3: 15

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000009363

1. Entity Name  
ARK GROUP, LLC



Principal Place of Business  
12316 N.W. 39TH AVE  
GAINESVILLE, FL 32606 US

Mailing Address  
4965 HAMMOCK LAKE DRIVE  
CORAL GABLES, FL 33156 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
05-0558998

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WORLDWIDE CORPORATE SERVICES, INC.  
2780 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33306

## 7. Name and Address of New Registered Agent

Name Stephen Sugarman  
Street Address (P.O. Box Number is Not Acceptable)  
4965 Hammock Lake Drive  
City Coral Gables FL Zip Code 33156

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

Stephen Sugarman  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-8-06

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUGARMAN, NOAH R 12316 N.W. 39TH AVE GAINESVILLE, FL 32606	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Noah Sugarman (Noah Sugarman) 4-8-06 1-352-333-0504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #