

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

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



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

SUGARMAN, STEPHEN
4965 HAMMOCK LAKE DRIVE
CORAL GABLES, FL 33156

**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**

000000585228
01/16/07-80004-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SUGARMAN, NOAH R
STREET ADDRESS	12316 N.W. 39TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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

Stephen Sugarman

1-10-07

Date

305-446-4174

Daytime Phone #