

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90045 028 ***138.75

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 - No P.O. Box #
4703 NW 32nd Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Gainesville FL
Zip Country
32606 US

City & State
Zip Country

01072008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

Name MARY SUGARMAN
Street Address (P.O. Box Number is Not Acceptable)
4965 Hammock Lake Drive
City Coral Gables FL Zip Code 32606

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 Mary A. Sugarman Mary A. Sugarman 1-8-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4703 N.W. 32nd Ave
Gainesville, FL 32606

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

TITLE
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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: Mary A. Sugarman Mary A. Sugarman 1-8-08 352-375-8353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
305-665-1501