

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90157 039 ****50.00

DOCUMENT # L03000009481

1. Entity Name

J & K INVESTMENTS OF LABELLE, LLC



Principal Place of Business

P.O. BOX 490
90 YEOMANS AVENUE
LABELLE FL 33975

Mailing Address

P.O. BOX 490
90 YEOMANS AVENUE
LABELLE FL 33975

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

02-0678636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOY, JOHN B JR.
401 S. W.C. OWEN AVENUE
CLEWISTON FL 33440**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PS ☐ Delete
NAME BOY, JOHN B JR.
STREET ADDRESS 401 E, WC OCEAN AVENUE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☒ Change ☐ Addition
NAME 90 Yeomans Avenue, Labelle, FL 33935
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME KINNEY, KENNETH E JR.
STREET ADDRESS 401 E, WC OCEAN AVENUE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☒ Change ☐ Addition
NAME 930 Hwy 80 West
STREET ADDRESS Labelle, FL 33975
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

863-678
3771