

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90027 015 ****50.00

DOCUMENT # L03000025812

1. Entity Name
LAURUKE LLC



60042026



Principal Place of Business
**5225 14TH AVENUE SW
NAPLES, FL 34116 US**

Mailing Address
**LAURUKE LLC
5225 14TH AVENUE SW
NAPLES, FL 34116 US**

2. Principal Place of Business - No P.O. Box #
5225 Hawthorn

3. Mailing Address
5225 Hawthorn

Suite, Apt. #, etc.
Woods Way

Suite, Apt. #, etc.
Woods Way

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34116

Country
USA

Zip
34116

Country
USA

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
33-1095987

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**PELAK, LARRY A
5225 14TH AVE SW
NAPLES, FL 34116**

7. Name and Address of New Registered Agent

Name **LARRY A. PELAK**

Street Address (P.O. Box Number is Not Acceptable)
5225 Hawthorn Woods Way

City **NAPLES**

FL

Zip Code
34116

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PELAK, LAWRENCE A
5225 14TH AVENUE SW
NAPLES, FL 34116** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PELAK, BARBARA L
5225 14TH AVENUE SW
NAPLES, FL 34116** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5225 Hawthorn Woods Way
NAPLES, FL 34116** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5225 Hawthorn Woods Way
NAPLES, FL 34116** ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/07 (239)250-2888

Date

Daytime Phone #

FLA. DEPT. OF STATE
CK # 1094 \$50.00 4/24/07 -lp