

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

L03000034971

FILED


04 MAY -4 PM 3:43

SEAL OF THE STATE  
TALLAHASSEE FLORIDA

34004375 MJH

**DOCUMENT # L03000034971**

1. Entity Name  
**J & K CONTRACTORS, LLC**



Principal Place of Business  
**4807 GEORGIA AVENUE  
WEST PALM BEACH, FL 33405**

Mailing Address  
**4807 GEORGIA AVENUE  
WEST PALM BEACH, FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



01062004 Chg-LLC CR2E083 (10/03) 5/4

4. FEI Number ☒ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent  
**BUTLER, KEVIN F  
4807 GEORGIA AVENUE  
WEST PALM BEACH, FL 33405**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUTLER CONSTRUCTION COMPANY 4807 GEORGIA AVENUE WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000033802010</b> <b>04/26/04--01010--026 **350.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  4-15-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #