

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90013 013 ***150.00

DOCUMENT # L03000039327

1. Entity Name

BARKE ENTERPRISES, LLC



Principal Place of Business

**4722 HIGHLANDS PLACE CIR.
LAKELAND FL 33813**

Mailing Address

**4722 HIGHLANDS PLACE CIR.
LAKELAND FL 33813**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1639756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**SPIVEY, LOUISE W
ONE LAKE MORTON DR.
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name **Spivey, Louise W.**

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

City

Lakeland

FL

Zip Code
33803

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

Louise W. Spivey

Signature, typed or printed name of registered agent (if title is applicable)

(NOTE: Registered Agent signature required when reinstating)

03/18/2008

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 **MGRM** ☐ Delete
NAME **PEARSON, KELLY**
STREET ADDRESS **4722 HIGHLANDS PLACE CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **MGRM** ☐ Delete
NAME **PEARSON, BARBARA**
STREET ADDRESS **4722 HIGHLANDS PLACE CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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 exemptions contained in Section 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:

Kelly Pearson **KELLY PEARSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/08

Date

**863
644-3564**

Corporate Phone #