


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90028 050 ****50.00

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DOCUMENT # L03000045367			
1. Entity Name MICHAEL KING, LLC			
Principal Place of Business 75 SW 75TH CT APT C8 GAINESVILLE, FL 32607 US		Mailing Address 75 SW 75TH CT APT C8 GAINESVILLE, FL 32607 US	
2. Principal Place of Business - No P.O. Box # 510 SW 257 th Terr Suite, Apt. #, etc.		3. Mailing Address 510 SW 257 th Terr Suite, Apt. #, etc.	
City & State Newberry FL Zip 32669-4157 Country USA		City & State Newberry FL Zip 32669-4157 Country USA	
4. FEI Number 20-0403404		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KING, MICHAEL R 75 SW 75TH ST GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Michael R King Street Address (P.O. Box Number is Not Acceptable) 510 SW 257 th Terr City Newberry FL Zip Code 32669-4157	
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 <u>Michael R King</u> <u>Michael R King</u> <u>01/11/2007</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, MICHAEL R 75 SW 75TH ST APT C8 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael R King 510 SW 257 th Terr Newberry, FL 32669-4157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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. 352-665-0140			
SIGNATURE: <u>Michael R King</u> <u>Michael R King</u> <u>01/11/2007</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	