

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046741

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: A.R.J.K. ENTERPRISES LLC

## Current Principal Place of Business:

770 CLEARLAKE ROAD  
SUITE 101  
COCOA, FL 32922

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 236921  
COCOA, FL 32923

## New Mailing Address:

P.O. BOX 254333  
PATRICK AFB, FL 32925

FEI Number: 27-0085983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, OLIVER V JR.  
2467 KATHI KIM STREET  
COCOA, FL 32926 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: SMITH, OLIVER V JR.  
Address: 2467 KATHI KIM ST  
City-St-Zip: COCOA, FL 32926

Title: MGR ( ) Delete  
Name: QUICK, J RANDY  
Address: 2590 S COURTNEY PKWY  
City-St-Zip: MERRIT ISLAND, FL 32825

Title: MGR ( ) Delete  
Name: BRAY, DONALD  
Address: 1432 N JENNINGS LANE  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAE E. WHITWORTH

O.MG

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date