


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000015449						
1. Entity Name BKI HEALTH VILLAGE, LLC						
Principal Place of Business 450 N WYMORE RD C/O WEBSTER, CHAIRES & PARTNERS, P.L. WINTER PARK, FL 32789			Mailing Address 450 N WYMORE RD C/O WEBSTER, CHAIRES & PARTNERS, P.L. WINTER PARK, FL 32789			
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
W & P SERVICES, INC. 450 N WYMORE RD WINTER PARK, FL 32789				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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				10. ADDITIONS/CHANGES		
TITLE	MGRP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAHLI, BEAT M			NAME		
STREET ADDRESS	13001 FOUNDERS SQUARE DR.			STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP		
TITLE	MGRV <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKS, ERIC B			NAME		
STREET ADDRESS	13001 FOUNDERS SQUARE DR.			STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKS, ERIC B			NAME		
STREET ADDRESS	13001 FOUNDERS SQ DR			STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32826			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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: _____				Date: 4/21/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 407 658 6565		