## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 09, 2007 08:00 AM DOCUMENT # L04000020160 **Secretary of State** 1. Entity Namo MEEKS ENTERPRISES, LLC Principal Place of Business Mailing Address 83 ORANGE ST. ST AUGUSTINE FL 32084 83 ORANGE ST. ST AUGUSTINE FL 32084 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E083 (10/06) City & Stato City & State 4. FEI Number Applied For 65-1243618 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEEKS, JEROD Street Address (P.O. Box Number is Not Acceptable) 83 ORANGE ST. ST AUGUSTINE FL 32084 Zip Code City 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 Sgriature, typed or printed name of registered ogent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THLE MGR DILE ☐ Delete ☐ Change ☐ Addition MEEKS, JEROD NAME STREET ADDRESS STREET ADDRESS 83 ORANGE ST. UQQQQ0829520 CHY-SI-7P CHY-ST-7P ST AUGUSTINE FL 32084 ภ2/19/07-80005<u>-006 50.00</u> ШЦЕ ☐ Delete TITLE Change Addition NAMI: NAME STREET ADORESS STREET ADDRESS CITY-SJ-7IP CITY-S1-ZIP HHE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Dolete HILE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-ST-7(P THE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-SI-7IP MILE ☐ Delete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-7P

FILED

SIGNATURE: JEROD MEEKS Feb. 7, 2007 904-829-3071

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 eath; 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.