## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L04000020200** 02-10-2005 90193 028 \*\*\*\*50.00 1. Entity Name RICHARD KIRK, LLC Principal Place of Business Mailing Address 20009823 23061 AYLESBORO COURT 23061 AYLESBORO COURT BROOKSVILLE, FL 34602 BROOKSVILLE, FL 34602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CR2E083 (10/03) Chg-LLC 4: FEI Number Applied For City & State City & State Not Applicable <u> 20-0907 329</u> Country Zin Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIRK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 23061 AYLESBORO COURT BROOKSVILLE, FL 34602 City Zip Code Fl 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Change ■ Addition TITLE ☐ Delete KIRK, RICHARD NAME NAME STREET ADDRESS 23061 AYLESBORO COURT STREET ADDRESS CITY-ST ZIP BROOKSVILLE, FL 34602 CITY ST ZIF ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - - Change Addition-☐ Defete TITLE- -TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Chance Addition ■ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY ST - ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE KAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 it 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 10, 2005 8:00 am