2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2007 8:00 am Secretary of State

DOCUMENT # L04000020539 1. Entity Name PKL, LLC							03-14-2007 90210 047 ****50.00				
Principal Place of Business			Mailing Address			٠.					
8169 US HWY 301			8169 US HWY 301				•				
PARRISH, FL 34219			PARRISH, FL 34219								
9 Principal D	less of Busine	an No B.O. Boy #	3. Mailing Address								
2. Principal Place of Business - No P.O. Box #		988 - NO P.O. BOX #	3. Mailing Address				13 5 J JU 13 13			D31 1 31	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02142007	Chg-LLC	CR2E08	33 (12/06)			
City & State			City & State		4. FEI Numbe			Ap	plied For		
,					20-087	2253			t Applicable		
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired		5.00 Add ee Required		
	6. Name a	and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered A	gent		
VOLE BETER HI					Name						
VOLE, PETER III 8169 US HWY 301					Street Addres	ss (P.O. Box Numb	er is Not Acceptable	:)			
PARRISH,	FL 34219	1									
					City		··	FL	Zip Code	3	
The above named entity submits this statement for the purpose of changing its register					l	clored each, or be	the in the State of Ele				
	ions of registe		the purpose of changing its	registere	ed onice or regis	stered agent, or bo	III, III the State of Fig	mua. Tamia	atriniza watiri,	and accept	
SIGNATURE .		<u>. </u>									
į .	Signature, typed of	or printed name of registered agent an	id title it applicable (NOTE	E Registere	id Agent signature requ	uired when reinstating)		DATE			
					•						
Fi De	iling Fee is ue by May	s \$50.00 71, 2007						e check pa Departme	•	9	
9.	ue by May	s \$50.00 7 1, 2007 MANAGING MEMBER		10.				Departme	nt of State		
9.	MGRM	MANAGING MEMBER	S/MANAGERS	TITL			Florida	Departme	•	e ☐ Addition	
9.	ue by May	MANAGING MEMBER		TITLI			Florida	Departme	nt of State		
9. TITLE NAME	MGRM VOLE, PE P.O. BOX	MANAGING MEMBER	☐ Delete	TITLI NAM STRE CITY	NE EET ADDRESS '-S1-ZIP		Florida	Departme	Change	Addition	
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11. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Horida Statutes. Hurrier 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-12-07 941-776-250