

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000021550

1. Entity Name
TKG PROPERTIES, LLC



Principal Place of Business
11635 NW 1ST STREET
GAINESVILLE, FL 32607

Mailing Address
11635 NW 1ST STREET
GAINESVILLE, FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

11635 NW 1st Avenue

Suite, Apt. #, etc.

11635 NW 1st Avenue

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32607

Country

Alachua

Zip

32607

Country

Alachua

01182005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0905987

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HALE, JEFFREY W
11635 NW 1ST STREET
GAINESVILLE, FL 32607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HALE, JEFFREY W
STREET ADDRESS 11635 NW 1ST STREET
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM ☐ Delete
NAME HALE, TASHIA C
STREET ADDRESS 11635 NW 1ST STREET
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 300054238813
STREET ADDRESS 05/10/05--01109--002 **55.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby 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 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

Jeffrey W. Hale
Managing Member

3/9/05

352-332-0838

Date

Daytime Phone #

FILED
05 APR 26 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

