

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
5/ Jul 09, 2008 8:00 am
Secretary of State

05-22-2008 90515 039 ***138.75

DOCUMENT # L04000022886

1. Entity Name
AMERIKAN, LLC



Principal Place of Business

1579 BARBER RD
SARASOTA, FL 34240

Mailing Address

1579 BARBER RD
SARASOTA, FL 34240

30010238 - -



04292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3118055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANAN, BENJAMIN R
240 SOUTH PINEAPPLE AVE
10TH FLOOR
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 renouncing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$338.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLORINKAS WEST, INC
STREET ADDRESS	1579 BARBER RD
CITY-STATE-ZIP	SARASOTA, FL 34240
TITLE	MGRM
NAME	LONESTAR PLASTIC, INC
STREET ADDRESS	5605 RIGGINS COURT, STE 270
CITY-STATE-ZIP	RENO, NV 89502
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/27/08

941.377.8666

Date

Daytime Phone



ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

30010238

May 30, 2008

AMERIKAN, LLC
1579 BARBER RD
SARASOTA, FL 34240

Subject: AMERIKAN, LLC

Reference Number: L04000022886

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ts

ANNUAL REPORTS SECTION

6/27/08
Enclosed is the signed copy. If
you have any questions please
call me at 941. 379.4048 X332.
Majorie Bourne-Miller
Director of Acctg.

P.O. BOX 6478 - Tallahassee, Florida 32314