


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L04000035393	
1. Entity Name DKLZ, LLC	

Principal Place of Business 4743 N US HWY 441 LAKE CITY, FL 32055 US	Mailing Address 4743 N US HWY 441 LAKE CITY, FL 32055 US
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DO NOT WRITE IN THIS SPACE



03132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 41-2137423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUCCOLA, LORI A 4743 NORTH US HWY 441 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUCCOLA, KIMBERLY A 4743 NORTH US HWY 441 LAKE CITY, FL 32055
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030000960498
 04/02/08-80065-006 138.75

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: Lori Zuccola Lori Zuccola Date: 3-14-08 Daytime Phone #: 346-752-4131

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