

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000042785

1. Entity Name

RONKOR, LLC



FILED
Aug 13, 2008 08:00 AM
Secretary of State



Principal Place of Business
116 LOST BEACH LANE
PONTE VEDRA BEACH FL 32082
US

Mailing Address
116 LOST BEACH LANE
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business - No P.O. Box # *Same*

3. Mailing Address *Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/08)

4. FEI Number NO-T APPLICABLE

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

COOK, RONALD T
116 LOST BEACH LANE
PONTE VEDRA FL 32082

Name

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

City

FL

Zip Code

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

Ronald T. Cook

(NOTE: Registered Agent signature required when reappointing)

DATE

8/08/08

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME COOK, RONALD T
STREET ADDRESS 116 LOST BEACH LANE
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000957635
CITY-ST-ZIP 08/13/08-80003-004 538.75

TITLE MGRM ☐ Delete
NAME WARD-COOK, KORY
STREET ADDRESS 116 LOST BEACH LANE
CITY-ST-ZIP PONTE VEDRA FL 32082

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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: *Ronald T. Cook* *Ronald T. Cook* *8/08/08* *904 543 1150*

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

Date

Signature Phrase #