

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90211 050 ****50.00

DOCUMENT # L04000044563

1. Entity Name

AKJ ENTERPRISES, LLC



Principal Place of Business

1831 N. BELCHER ROAD STE. G-3
CLEARWATER FL 33765

Mailing Address

1831 N. BELCHER ROAD STE. G-3
CLEARWATER FL 33765



1st MOORE

CR2E083 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when restate is required)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9.

MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☒ Delete
NAME	HAMMOND, JAMES M	
STREET ADDRESS	1831 N. BELCHER ROAD STE. G-3	
CITY- ST- ZIP	CLEARWATER FL 33765	
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	Manager	☒ Change ☐ Addition
NAME	James K. Krivacs	
STREET ADDRESS	1831 N. Belcher Road, G-3	
CITY- ST- ZIP	Clearwater, FL 33765	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James K. Krivacs*

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

1/26/06

727/791-7556

Date

Daytime Phone

3/16/06