

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90195 030 ****50.00

DOCUMENT # L04000047739

1. Entity Name
AKBI, LLC



Principal Place of Business
901 PONCE DE LEON BLVD., STE. 603
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BLVD., STE. 603
CORAL GABLES, FL 33134



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4630941

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD., STE. 603
CORAL GABLES, FL 33134

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE : MGR
NAME : ALBORNOZ, EMMIE T
STREET ADDRESS : 901 PONCE DE LEON BLVD., STE. 603
CITY - ST - ZIP : CORAL GABLES, FL 33134

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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: *Emmie Alborno* 1/23/07 (305) 444-1741

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

Date

Daytime Phone #