

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-07-2005 90281 042 ****55.00

DOCUMENT # L04000049737					
1. Entity Name SNIKTAW, LLC					
Principal Place of Business 6 COUNTRY CLUB RD. SHALIMAR, FL 32579			Mailing Address 6 COUNTRY CLUB RD. SHALIMAR, FL 32579		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 11-3722715				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILDER, JAMES R 102 OAKHILL AVE. FT WALTON BEACH, FL 32547			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, ADAM T 6 COUNTRY CLUB RD SHALIMAR, FL 32579 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			1/21/05 (850) 642-2556		
SIGNATURE AND TYPED OR PRINTED NAME OF SAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					