

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90164 001 ****50.00

DOCUMENT # L04000057899

1. Entity Name
DEL KIR ENTERPRISES LLC



Principal Place of Business
**1802 EASTERN DRIVE
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1802 EASTERN DRIVE
JACKSONVILLE BEACH, FL 32250**

2. Principal Place of Business
2027 Mayport Road

3. Mailing Address
PO Box 330810

Suite, Apt. #, etc.



01122005 Chg-LLC CR2E083 (10/03)

City & State
Atlantic Beach, FL

Zip
32233

Country
USA

4. FEI Number
20-1451462

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACRI, JENNIFER M
1802 EASTERN DRIVE
JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent

Name
34B Plaza

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

City
Atlantic Beach

State
FL

Zip Code
32233

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]* **Registered Agent** **5/30/05**

(NOTE: Registered agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM

NAME
DEL CARMEN, JAIME J

STREET ADDRESS
13372 WINDBROOKE LANE

CITY-ST-ZIP
ST. LOUIS, MO 63146

☐ Delete

TITLE
MGRM

NAME
DEL CARMEN, EVELYN R

STREET ADDRESS
13372 WINDBROOKE LANE

CITY-ST-ZIP
ST. LOUIS, MO 63146

☐ Delete

TITLE
MGRM

NAME
Stephen D Kirsten

STREET ADDRESS
34B Plaza

CITY-ST-ZIP
Atlantic Beach, FL 32233

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
MGRM

NAME
Stephen D Kirsten

STREET ADDRESS
34B Plaza

CITY-ST-ZIP
Atlantic Beach, FL 32233

☐ Change ☒ Addition

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☐ Change ☒ Addition

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: *[Signature]* **Authorized Representative** **5/30/05** **904-887-7453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #