SENT BY: BARBARA BROOKES; 2129883568; JU

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Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90041 022 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065962

1. Entity Name
OKLA-TEX, LLC

20065197

Principal Place of Business	Mailing Address
2742 N.E. THIRD STREET POMPANO BEACH, FL 33062	2742 N.E. THIRD STREET POMPANO BEACH, FL 33062

07182005 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business		3. Mailing Address	
2742 NE 3 ST		SAME	
Suite, Apt. #, etc.: Pompano Beach FL		Suite, Apt. #, etc.	
City & State: " "		City & State	
Zip: 33062	Country: BROWARD	Zip	Country

4. FEI Number: 20-16-55666 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKES, BARBARA S
2742 N.E. THIRD STREET
POMPANO BEACH, FL 33062

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager, Barbara Brookes 2742 NE 3 ST Pompano Beach FL 33062 ☐ 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: Barbara Brookes July 17 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #