

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90044 048 ****50.00

DOCUMENT # L04000070012

1. Entity Name
NEKKED REKKEDS LLC



Principal Place of Business

**1353 JONES ROAD
JACKSONVILLE, FL 32220 US**

Mailing Address

**1353 JONES ROAD
JACKSONVILLE, FL 32220 US**



07122006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILBERT, BLANE
1353 JONES RD
JACKSONVILLE, FL 32220**

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GILBERT, BLANE
STREET ADDRESS	1353 JONES RD
CITY-ST-ZIP	JACKSONVILLE, FL 32220

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

7-12-06

Date

904-781-2123

Daytime Phone #