

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90034 023 ****55.00

DOCUMENT #

L 0400005446

1. Entity Name

MIKE KIRK CONSTRUCTION, LLC



DO NOT WRITE IN THIS SPACE

20019628

2. Principal Place of Business

8040 S.E. 9th Ave

Suite, Apt. #, etc.

3. Mailing Address

8040 S.E. 9th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TRENTON, FLORIDA

City & State

TRENTON, FLORIDA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32693

Country

USA

Zip

32693

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MIKE KIRK

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

8040 S.E. 9th Ave

City

TRENTON

FL

Zip Code

32693

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

Mike R. Kirk MIKE R. KIRK

Signature, typed or printed name of registered agent and title if applicable.

03-04-05
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MIKE KIRK 8040 S.E. 9th Ave TRENTON, FLORIDA 32693	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

Mike R. Kirk MIKE R. KIRK

03-04-05

321-687-7021

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

Date

Daytime Phone #

CR2E083B (12/02)