2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jun 02, 2008 08:00 AM Secretary of State DOCUMENT # L04000078140 1. Entity Name R&K DILLON ENTERPRISE, LLC Principal Place of Business Mailing Address 2120 W. HIGHWAY 44 2120 W. HIGHWAY 44 INVERNESS FL 34453. **INVERNESS FL 34453** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/08) City & State Applied For City & State 4. FEI Number 20-2130058 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DILLON, RON Street Address (P.O. Box Number is Not Acceptable) 2120 W. HIGHWAY 44 **INVERNESS FL 34453** 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. 5150/4 SIGNATURE Signature, typod or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstaling) S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 FILE NOW!!! FEE IS \$538.75 late fee. By checking this box, the limited liability Make Check Payable to Florida Department of State company certifies it did not receive prior notice. Fee to Due By September 3, 2008 file is \$138.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE ☐ Change ☐ Addition TITLE **MGRM** ☐ Defete 000000952473 NAME NAME DILLON, RON 06/04/08-80081-010 300.00 STREET AUDRESS 2120 W. HIGHWAY 44 STREET ADDRESS CITY-ST-ZIP **INVERNESS FL 34453** CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Change Addition NAME DILLON, KIM NAME STREET ADDRESS STREET ADDRESS 2120 W. HIGHWAY 44 CHY-ST-ZIP INVERNESS FL 34453 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 608. Florida Statutes.