

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000090796

1. Entity Name
ASTAKOS, LLC



Principal Place of Business
**887 JACKSON AVENUE
WINTER PARK, FL 32789 US**

Mailing Address
**6 RIVERSIDE DRIVE
FALMOUTH, ME 04105 US**

DO NOT WRITE IN THIS SPACE



04052006No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applie
Not Ap

5. Certificate of Status Desired ☐ **\$5.00** Addition
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 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 May 1, 2006**

U00000502545
04/25/06-80107-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GEORGE, YOUNG
STREET ADDRESS	6 RIVERSIDE DRIVE
CITY-ST-ZIP	FALMOUTH, ME 04105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.