2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006506

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



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

☐ Change

Addition

1. Entity Name A & K PROPERTIES, LLC					04-17-2006 90	1039 006 .	****50.0	00
Principal Place of Business 9124 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256		Mailing Address 9124 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256			£0030745			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006	Chg-LLC	CR2E083	3 (11/05)	
City & State		City & State		4. FEI Numi	2855023		<u> </u>	oplied For of Applicable
Zip	Country	Zip	Country		e of Status Desired	□ \$	5.00 Add	itional
6. Name and Address of Current F		legistered Agent		7. Name an	7. Name and Address of New Registered Agent			
	IICHARD J C.P.A.		Name	(20.2)				
	RESS GREEN DRIVE VILLE, FL 32256		Street Ad	laress (P.O. Box Numi	per is Not Acceptable)) ————		
i			City			FL	Zip Cod	е
9 The above	named entity submits this statement for			ah is the Characterist				
the obligat	ions of registered agent.	the purpose of changing its it	egistered office or r	registered agent, or b	oth, in the State of Hol	noa. 1 am tar	milar with,	and accept
SIGNATURE .								
GIGINATORE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)		DATE		
Fi	Signature, typed or printed name of registered agent a ling Fee is \$50.00 ue by May 1, 2006	nd title if applicable. (NOTE:	Registered Agent signatum	e required when reinstating)		check pay Departmen		8
Fi	ling Fee is \$50.00			e required when reinstating)	Florida	check pay Departmen		8
Fi De 9.	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI MGR		10.	e required when reinstating)		check pay Departmen		■ Addition
9. TITLE NAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI MGR ABOUD, RICHARD J 9124 CYPRESS GREEN DRIVE	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	e required when reinstating)	Florida	check pay Departmen	nt of State	
9. THLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR ABOUD, RICHARD J 9124 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	e required when reinstating)	Florida	check pay Departmen CHANGES	nt of State	☐ Addition
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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 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

RE: Archard 9 Word Richard J. AMOUD, MANAGING MENBER 4/14/06
SHATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DELB