

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009381

FILED  
Jul 24, 2006  
Secretary of State

Entity Name: SEKOTS, LLC

**Current Principal Place of Business:**

15225 NW WILLIAMS ROAD  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

15225 NW WILLIAMS ROAD  
ALTHA,, FL 32421 US

**Current Mailing Address:**

P.O. BOX 829  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

P.O. BOX 829  
BLOUNTSTOWN, FL 32424 US

FEI Number: 26-6198994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STOKES, CURITS P  
15225 NW WILLIAMS ROAD  
BLOUNTSTOWN, FL 32424 US

**Name and Address of New Registered Agent:**

STOKES, CURITS P  
15225 NW WILLIAMS ROAD  
ALTHA,, FL 32421 US

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.

SIGNATURE: \_\_\_\_\_

07/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STOKES, CURTIS P  
Address: 15225 NW WILLIAMS ROAD  
City-St-Zip: BLOUNTSTOWN, FL 32424

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STOKES, CURTIS P  
Address: 15225 NW WILLIAMS ROAD  
City-St-Zip: ALTHA,, FL 32421 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CURTIS P. STOKES

MGR

07/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date