


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90015 018 ***138.75

DOCUMENT # L05000010263 1. Entity Name CKL, LLC					
Principal Place of Business 12902 CINNIMON PL TAMPA, FL 33624			Mailing Address 12902 CINNIMON PL TAMPA, FL 33624		
2. Principal Place of Business - No P.O. Box # 12222 University Mall Ct.			3. Mailing Address Suite, Apt. #, etc.		
City & State Tampa, FL			City & State Tampa, FL		
Zip 33612			Country USA		
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LOLLY, TONY 12902 CINNIMON PL TAMPA, FL 33624			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOLLY, TONY 12902 CINNIMON PL TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOLLY, CYNTHIA 12902 CINNIMON PL TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOLLY, CYNTHIA 12902 CINNIMON PL TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOLLY, CYNTHIA 12902 CINNIMON PL TAMPA, FL 33624	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOLLY, CYNTHIA 12902 CINNIMON PL TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOLLY, CYNTHIA 12902 CINNIMON PL TAMPA, FL 33624	<input type="checkbox"/> Delete			
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.					
SIGNATURE: <i>Tony Lolly</i>				7-23-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

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