

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000011810

1. Entity Name

DARRK L.L.C.



Principal Place of Business

3724 U.S. HIGHWAY 27 WEST
CLEWISTON FL 33440

Mailing Address

P.O. BOX 25
CLEWISTON FL 33440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

76-0815726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLISSETT, RENA
3724 U.S. HIGHWAY 27 WEST
CLEWISTON FL 33440

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BLISSETT, RENA
STREET ADDRESS 3724 U.S. HIGHWAY 27 WEST
CITY-STATE-ZIP CLEWISTON FL 33440

☐ Change ☐ Addition
U00000635384
02/23/07-80012-010 50.00

TITLE MGRM ☐ Delete
NAME CYPRESS, DAVID
STREET ADDRESS 2900 W. STONEBROOK CIRCLE
CITY-STATE-ZIP DAVIE FL 33330

☐ Change ☐ Addition

TITLE MGRM ☐ Delete
NAME COYLE, RANDY
STREET ADDRESS 3724 U.S. HIGHWAY 27 WEST / P.O. BOX 25
CITY-STATE-ZIP CLEWISTON FL 33440

☐ Change ☐ Addition

TITLE MGRM ☐ Delete
NAME LAWRENCE, KRISHNA
STREET ADDRESS 2900 W. STONEBROOK CIRCLE
CITY-STATE-ZIP DAVIE FL 33330

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/12/07 863-983-6061