


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000011810 1. Entity Name DARRK L.L.C.	
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Principal Place of Business 3724 U.S. HIGHWAY 27 WEST CLEWISTON, FL 33440	Mailing Address P.O. BOX 25 CLEWISTON, FL 33440
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01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0815726	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 BLISSETT, RENA 3724 U.S. HIGHWAY 27 WEST CLEWISTON, FL 33440

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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000833495
02/28/08-80015-010 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLISSETT, RENA 3724 U.S. HIGHWAY 27 WEST CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CYPRESS, DAVID 2900 W. STONEBROOK CIRCLE DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COYLE, RANDY 3724 U.S. HIGHWAY 27 WEST / P.O. BOX 25 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWRENCE, KRISHNA 2900 W. STONEBROOK CIRCLE DAVIE, FL 33330
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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RENA Blissett  2/14/08 863-673-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #