

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 08, 2006 8:00 am
Secretary of State

05-04-2006 90028 035 ****50.00

DOCUMENT # L05000025944 1. Entity Name SAK BUSINESS LLC					
Principal Place of Business 18123 NW 150TH AVENUE WILLISTON, FL 32696			Mailing Address 18123 NW 150TH AVENUE WILLISTON, FL 32696		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04272008 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ARBOUR, SANDA A 18123 NW 150TH AVENUE WILLISTON, FL 32696			7. Name and Address of New Registered Agent Name ARBOUR, SANDA A 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 <i>Sandra A. Arbour</i> Signature, typed or printed name of registered agent and title if applicable.			DATE 4/27/06 (NOTE: Registered Agent signature required when re-registering)		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIGROM ARBOUR, SANDA A 18123 NW 150TH AVENUE WILLISTON, FL 32696 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARBOUR, SANDA A ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.					
SIGNATURE: <i>Sandra A. Arbour</i> SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 4/27/06 353 817-6619 Daytime Phone #		