

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90012 010 ****50.00

DOCUMENT # L05000031134 1. Entity Name AK FRANKLIN, L.L.C.			
Principal Place of Business 2386 SR 471 SUMTERVILLE, FL 33585		Mailing Address 2386 SR 471 SUMTERVILLE, FL 33585	
2. Principal Place of Business 1200 W. Broad St Suite, Apt. #, etc. Ste A City & State Groveland, FL Zip FL 34736 Country USA		3. Mailing Address 1200 W. Broad St Suite, Apt. #, etc. Ste A City & State Groveland, FL Zip 34736 Country USA	
6. Name and Address of Current Registered Agent FRANKLIN, ALISON K 2386 SR 471 SUMTERVILLE, FL 33585		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)</small>			
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	MGR FRANKLIN, ALISON K 2386 SR 471 SUMTERVILLE, FL 33585 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 1/7/06 Daytime Phone # 352-429-4010	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2619959** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**