

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049401

Entity Name: CKLB HOLDINGS, LLC

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2888 MAHAN DRIVE  
STE 3  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2910 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-2904545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIRKEDAL, CHRISTIAN MD  
5 OAK KNOLL WAY  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BIRKEDAL, CHRISTIAN L  
Address: 5 OAK KNOLL WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM  
Name: BIRKEDAL, KRISTIN P  
Address: 5 OAK KNOLL WAY  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTIAN BIRKEDAL, MD

MGMR

04/11/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date