## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000064402**

1. Entity Name

A & K INVESTMENTS OF NORTHWEST FLORIDA, LLC



FILED Feb 04, 2008 08:00 AN Secretary of State

and the second second		Vi Sine	9/
Principal Place of Business	Mailing Address	. \$	
PENSACOLA EL 22526		• • •	-
PENSACOLA, FL-32526	FENSACOLA, FL 32320		



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 81-0676734 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

KIRKSEY, ALLISON E JR 3280 DUNAWAY LANE PENSACOLA, FL 32526

## DO NOT WRITE IN THIS SPACE

	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
SIGNATURE_				
	tions of registered agent.	ging its registered tilice or registered agent, or both, in the	s otate of Florida. I all familiar with, and	accept
a. me anove	o named entity submits this statement for the purpose of char	aina its realsterea office or realsterea eaent, or bain, in th	e Stale of Morida. I am lamiliar with, and	raccent

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KIRKSEY, MARTHA A
STREET ADDRESS	3280 DUNAWAY LANE
CITY-SI-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-S1-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
IMLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the ex

000000814520 02/13/08-80047-018 138.75

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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

RE: PL STATE AND TYPED OR PRINTED HAME OF SIGNING HAM

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-31-08 8-2-944-9410

Daytime Phone 4