

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064602

Entity Name: SLK ENTERPRISES LLC

FILED
Feb 28, 2008
Secretary of State

Current Principal Place of Business:

5 BUFFALO BILL PLACE
PALM COAST, FL 32137

New Principal Place of Business:

602 S. MAIN ST.
#665
CRESTVIEW, FL 32536

Current Mailing Address:

5 BUFFALO BILL PLACE
PALM COAST, FL 32137

New Mailing Address:

602 S. MAIN ST.
#665
CRESTVIEW, FL 32536

FEI Number: 20-3077815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILLIAN, THOMAS
5 BUFFALO BILL PLACE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

KILLIAN, THOMAS
602 S. MAIN ST.
#665
CRESTVIEW, FL 32536 US

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:

02/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KILLIAN, THOMAS
Address: 5 BUFFALO BILL PLACE
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: KILLIAN, SUSAN L
Address: 5 BUFFALO BILL PLACE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KILLIAN, THOMAS
Address: 602 S. MAIN ST., #665
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM (X) Change () Addition
Name: KILLIAN, SUSAN L
Address: 602 S. MAIN ST., #665
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS KILLIAN

MGR

02/28/2008

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