

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR 19 AM 11:55

DOCUMENT # L05000071432

1. Entity Name
D.K. ENTERPRIZES, LLC



Principal Place of Business
164 HARBOR CIRCLE
ALLIGATOR POINT, FL 32346 US

Mailing Address
164 HARBOR CIRCLE
ALLIGATOR POINT, FL 32346 US



03192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
47 Andrew Hargrett Rd
Suite, Apt. #, etc. Crawfordville Fla.
City & State

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State

4. FEI Number
20-3174365

Applied For
Not Applicable

Zip
32327

Country
mckulla

Zip
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES & JAMES, P.A
2629 BLAIR STONE ROAD
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGR
STREET ADDRESS KIRTLEY, DOUGLAS A
CITY-ST-ZIP 164 HARBOR CIRCLE
ALLIGATOR POINT, FL 32346

TITLE
NAME 47 Andrew Hargrett Rd
STREET ADDRESS Crawfordville Fla
CITY-ST-ZIP 32327

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* 3-19-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #