

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90033 026 ***150.00

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1. Entity Name
BORIKA, LLC



Principal Place of Business
**1310 GULF BLVD., UNIT 15 E
CLEARWATER, FL 33767**

Mailing Address
**1310 GULF BLVD., UNIT 15 E
CLEARWATER, FL 33767**

20039151



2. Principal Place of Business

3. Mailing Address

18235 CLEAR LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

LUTZ FL

4. FEI Number

86-1165312

Applied For

Not Applicable

Zip

Country

Zip

33548

Country

HILLS

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

**HOWARDS, ERIKA
1310 GULF BLVD., UNIT 15 E
CLEARWATER, FL 33767**

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

Erika Howards

ERIKA HOWARDS

4-20-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **MANAGER** ☐ Delete
NAME **ROBERT HOWARDS**
STREET ADDRESS **18235 CLEAR LAKE DR.**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☐ Change ☒ Addition
NAME **ROBERT HOWARDS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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:

Erika Howards

ERIKA HOWARD

4-20-06

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

Date

Daytime Phone #