2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 18, 2006 8:00 am
Secretary of State
04-26-2006 90017 024 ***150.00

DOCUMENT # L05000092515

1. Entity Name

RKZ, LLC

Principal Place of Business	Mailing Address
12157 WEST LINEBAUGH AVENUE #310 TAMPA FL 33626 US	12157 WEST LINEBAUGH AVENUE #310 TAMPA FL 33626 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 20-3570968 ☐ Applied For ☐ Not Applicable

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
REILY, AMY 11810 NORTH 56TH STREET SUITE B TAMPA FL 33617	Name: KENNETH S. ROBINSON Street Address (P.O. Box Number is Not Acceptable): 12157 W. LINEBAUGH AVE #310 City: TAMPA FL Zip Code: 33626

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 KENNETH S. ROBINSON 3/23/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR C - BLU, INC. 12157 WEST LINEBAUGH AVENUE #310 TAMPA FL 33626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KENNETH S. ROBINSON 3/23/06 813-917-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #