2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-04-2006 90086 019 ****50.00

DOCUMENT # L05000117642

1. Entity Name
CME4DK, LLC

Principal Place of Business	Mailing Address
11183 S. ORANGE BLOSSOM TRAIL, SUITE ORLANOD FL 32837	11183 S. ORANGE BLOSSOM TRAIL, SUITE ORLANOD FL 32837

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
133 TERRA MANGO LOOP	
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.
City & State ORLANDO FL.	City & State
Zip 32835 Country	Zip Country

4. FEI Number — 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
ASCHACHER, PAUL 11183 S. ORANGE BLOSSOM TRAIL, SUITE E ORLANOD FL 32837	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 Paul C. Aschacher [signature] 7/31/06
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 September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ASCHACHER, PAUL 11183 S. ORANGE BLOSSOM TRAIL, SUITE E ORLANOD FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Paul C. Aschacher [signature] 7/31/06 407-851-1261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #