

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # L05000117888

1. Entity Name
UKAG GROUP IV, LLC



Principal Place of Business

6162 SEA GRASS LN
NAPLES, FL 34116

Mailing Address

6162 SEA GRASS LN
NAPLES, FL 34116



03072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3913680

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AG MANAGEMENT GROUP, LLC
6162 SEA GRASS LN
NAPLES, FL 34116

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

B. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AG MANAGEMENT GROUP, LLC
6162 SEA GRASS LN
NAPLES, FL 34116

TITLE
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CITY-ST-ZIP

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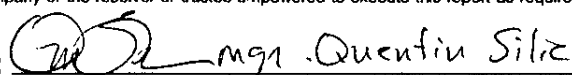
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CITY-ST-ZIP

U00000864750
04/04/08-80027-007 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  **Quentin Siliz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-17-08 239-352-9939

Date

Daytime Phone #