

FILED
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Secretary of State

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03-30-2007 90037 042 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000000880			
1. Entity Name AKA CONCEPTS, LLC			
Principal Place of Business 8040 BRYAN DAIRYROAD LARGO, FL 33777		Mailing Address 8641 ELM FAIR BLVD. TAMPA, FL 33610 <i>changed</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8040 Bryan Dairy Rd.	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State Largo, FL		City & State Largo, FL	
Zip 33777	Country USA	4. FEI Number 020763229	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORS, GARY P 900 DREW STREET, SUITE I CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Karen Norris Street Address (P.O. Box Number is Not Acceptable) 1407 Alhambra Dr. City Apollo Beach FL Zip Code 33572	
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 <i>Karen M. Norris</i> DATE <i>3/20/07</i> (NOTE: Registered Agent signature required when reinstating)			
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 STREET ADDRESS CITY - ST - ZIP Gary Cors ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP President Karen M. Norris 1407 Alhambra Drive Apollo Beach, FL 33572 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 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: <i>Karen M. Norris</i> DATE: <i>3/20/07</i> TELEPHONE: <i>813-740-0100</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			