

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010900

Entity Name: ARKS, LLC

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

402 HIGH POINT DRIVE  
COCOA, FL 32926 US

## New Principal Place of Business:

## Current Mailing Address:

402 HIGH POINT DRIVE  
COCOA, FL 32926 US

## New Mailing Address:

FEI Number: 20-4242761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDMAN, MITCHELL S  
96 WILLARD STREET  
STE. 302  
COCOA, FL 32922 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SHAH, RAJENDRA R  
Address: 402 HIGH POINT DRIVE  
City-St-Zip: COCOA, FL 32926 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: PATEL, ATUL  
Address: 1581 STAFFORD AVE.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR ( ) Change (X) Addition  
Name: GANDHI, KAPIL  
Address: 681 DEERHURST DRIVE  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAJENDRA SHAH

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date