2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L06000027981

Entity Name: BK&K, LLC

Current Principal Place of Business:

3645 ANDREW JACKSON DRIVE
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

3645 ANDREW JACKSON DRIVE
PACE, FL 32571

New Mailing Address:

FEI Number: 51-0625447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CONNOR, C.W. JR.
3645 ANDREW JACKSON DRIVE
PACE, FL 32571 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: MGRM ( ) Delete
Name: O'CONNOR, C.W. JR.
Address: 3645 ANDREW JACKSON DRIVE
City-St-Zip: PACE, FL 32571

Title: MGRM ( ) Delete
Name: O'CONNOR, KENNETH W
Address: 5180 WILLOW RUN DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM ( ) Delete
Name: O'CONNOR, SARAH K
Address: 3645 ANDREW JACKSON DRIVE
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: O'CONNOR, KENNETH W
Address: 2020 E. SCOTT STREET
City-St-Zip: PENSACOLA, FL 32503

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

I hereby certify that the information supplied with this filing does not qualify 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: SARAH K O'CONNOR MGRM 04/09/2008

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