

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90344 036 ****50.00

DOCUMENT # L06000031379

1. Entity Name
AMERIKOTE, LLC.



Principal Place of Business
**3362 FERN LEAF DRIVE
 HERNANDO BEACH, FL 34607**

Mailing Address
**3362 FERN LEAF DRIVE
 HERNANDO BEACH, FL 34607**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3073
 Suite, Apt. #, etc.

City & State
SPRING HILL FL

Zip
34611

Country
USA



04052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5645418

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HENGESBACH & TAYLOR, PA
 5330 SPRING HILL DRIVE,
 SUITE J
 SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent

Name
Adam J. Logan

Street Address (P.O. Box Number is Not Acceptable)
3362 Fernleaf Drive

City
Hernando Beach FL

Zip Code
34607

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOGAN, ADAM J 3362 FERN LEAF DRIVE HERNANDO BEACH, FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4-30-07 352-678-1995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #