

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-05-2007 90028 029 ****50.00

DOCUMENT # L06000033192					
1. Entity Name LSK RETAIL ADVISORY GROUP LLC					
Principal Place of Business 2661 FRONTIER DRIVE TITUSVILLE, FL 32796 US			Mailing Address 2661 FRONTIER DRIVE TITUSVILLE, FL 32796 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4521430	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KNOX, LESLIE 2661 FRONTIER DRIVE TITUSVILLE, FL 32796			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>Leslie H Knox</i>			DATE <i>3/15/2007</i>		
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	MGR KNOX, LESLIE 2661 FRONTIER DRIVE TITUSVILLE, FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KNOX, SUSAN 2661 FRONTIER DRIVE TITUSVILLE, FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 806, Florida Statutes.					
SIGNATURE: <i>Leslie H Knox</i>			DATE: <i>4/15/2007</i>		

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