

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # L06000052914

1. Entity Name
LGK PROPERTIES, LLC



Principal Place of Business
1424 SOUTH COMBEE RD
LAKELAND, FL 33801

Mailing Address
1424 SOUTH COMBEE RD
LAKELAND, FL 33801



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4970679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOLSOM, KATHY L
1424 SOUTH COMBEE RD
LAKELAND, FL 33801

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000776576

01/09/08-80028-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FOLSOM, LARRY S
STREET ADDRESS	1424 SOUTH COMBEE RD
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGRM
NAME	FOLSOM, GLENN A
STREET ADDRESS	1424 SOUTH COMBEE RD
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGRM
NAME	FOLSOM, KATHY L
STREET ADDRESS	1424 SOUTH COMBEE RD
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/7/08
Date

803-605-3177
Daytime Phone #