
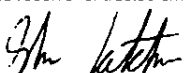


FILED
Jul 26, 2007 8:00 am
Secretary of State

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DOCUMENT # L06000056359						Secretary of State		
1. Entity Name S & K REPAIRS LLC						07-26-2007 90010 042 ***50.00		
Principal Place of Business 6130 WATERMAN LANE LAKELAND, FL 33813			Mailing Address 6130 WATERMAN LANE LAKELAND, FL 33813					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					
City & State			City & State			03122007 Chg-LLC CR2E083 (12/06)		
Zip		Country	Zip		Country	4. FEI Number 20-4973396		Applied For Not Applicable
6. Name and Address of Current Registered Agent KETCHAM, SHAWN 6130 WATERMAN LANE LAKELAND, FL 33813					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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____								
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 KETCHAM, SHAWN 6130 WATERMAN LANE LAKELAND, FL 33813			<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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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		
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		
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: 					7-22-07 (963) 661-39			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					Date Daytime Phone #			