


2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90269 042 \*\*\*138.75

**DOCUMENT # L06000060237**

1. Entity Name  
LYKAJA, LLC



Principal Place of Business  
1626 LOOKOUT LANDING CIRCLE  
WINTER PARK, FL 32789

Mailing Address  
1626 LOOKOUT LANDING CIRCLE  
WINTER PARK, FL 32789

60018383



2. Principal Place of Business - No P.O. Box #  
10468 E. White Feather Ln.

3. Mailing Address  
10468 E. White Feather Ln.

Suite, Apt. #, etc.

03212008 Chg-LLC CR2E083 (12/06)

City & State  
Scottsdale, AZ

City & State  
Scottsdale, AZ

Zip  
85262

Country  
USA

4. FEI Number  
43-2107393

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEARMAN, DAVID  
1626 LOOKOUT LANDING CIRCLE  
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name  
Rankin, Judy A.

Street Address (P.O. Box Number is Not Acceptable)  
c/o Felsing Rankin, LLC

630 N Wymore Road Suite 330

City  
Maitland

FL

Zip Code  
32751

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 Judy A. Rankin Judy A. Rankin (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEARMAN, DAVID 1626 LOOKOUT LANDING CIRCLE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bearman, David 10468 E. White Feather Lane Scottsdale, AZ 85262 <input checked="" 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
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
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: [Signature] 3/27/08 404-306-4855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #