

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062709

Entity Name: SBK, LLC

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

2765 FOWLER STREET
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2765 FOWLER STREET
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 20-5083199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, BILLIE J
3914 S. HIDDEN ACRES CIRCLE
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACKSON, BILLIE J
Address: 3914 S. HIDDEN ACRES CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: MGRM () Delete
Name: NIENHAUS, KENNETH J
Address: 124 FALKIRK STREET
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: MGRM () Delete
Name: ANDREWS, ROBERT L
Address: 3914 S. HIDDEN ACRES CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ANDREWS, ROBERT L
Address: 2765 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BILLIE J. JACKSON

MGR

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date