## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT 🛩 🐣

## FILED Apr 25, 2007 8:00 am Secretary of State 04-11-2007 90160 026 \*\*\*\*50.00

DOCUMENT # L06000063047  1. Entity Name AKS, LLC							04-11-20	<i>307 3</i> 0100	, 020	30.00	
Principal Place	e of Busines	9	Malling Address			}					
5310 SUNWOOD ROAD PANAMA CITY, FL 32404 US			5310 SUNWOOD ROAD PANAMA CITY, FL 32404 US			30005611					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #. etc.			Suite, Apt. #, etc.			04092007	Chg-LLC	CR2E0	083 (12/06)		
City & State			City & State			4. FEI Numb	518482	26	No	plied For Applicable	
Zip	Country		, Zip	Cour	ntry		e of Status Desired		\$5.00 Add Fee Required		
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	d Address of New	Registered	Agent		
KOSMAN, 5310 SUN	WOOD R	OAD :		\			ess (P.O. Box Number is Not Acceptable)				
PANAMA (	-11 Y, TL	32404									
1.45 14 45.			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when rematating)  OATE											
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9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITION	S/CHANGES			
TITLE	MGRM		☐ Delete	nrı	E				Change	Addition	
NAME	KOSMAN, ADRIAN W 5310 SUNWOOD ROAD 5TR				I						
STREET ADDRESS City-St-Zip	PANAMA			EET ADDRESS 7-ST-ZIP							
TITLE	MGR		☐ Delete	TITE	<del></del>				Change	Addition	
NAME	KOSMAN, SHARON K				3						
STREET ADDRESS CITY-ST-ZIP					EET AOORESS (-ST-ZIP					ļ	
ITTLE	PANOMA	C117, PL 32404	Delete	<del></del>				Change	Addition		
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STREET ADDRESS	1				EET ADDRESS 1-ST-ZUP						
CITY-ST-ZIP	cortifu that th	a internation aunation of	th this filling does not mustice to			in Chanter 110	Florida Statutes	I further certifi	that the info	rmation	
11. I hereby certify that the information supplied with this filing does not quality 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 cath; that I em a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.											
SIGNATURE: MANN KOSMAN OH-09-3007 850-78599											