

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000081007

1. Entity Name  
BUY4MANKIND, LLC



Principal Place of Business  
3240 WEST LAKESHORE DR  
TALLAHASSEE, FL 32312

Mailing Address  
PO BOX 469  
TALLAHASSEE, FL 32302

**FILED**  
07 MAY 15 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



04302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAKE MCKAY H  
3240 WEST LAKESHORE DR  
TALLAHASSEE, FL 32312

Mary Kay May  
PO Box 469  
Tallahassee, FL 32302  
40111 No Gadsden Street  
Tallahassee, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

BK

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME ASBURY, THOMAS B JR  
STREET ADDRESS PO BOX 469  
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE ☐ Change ☐ Addition  
NAME 200109229392  
STREET ADDRESS 05/24/07--01059--024 \*\*50.00  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME MCKAY, JAKE H  
STREET ADDRESS 3240 WEST LAKESHORE DR  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Treasurer  
STREET ADDRESS Mary Kay May  
CITY-ST-ZIP PO Box 469  
Tallahassee, FL 32302

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mary Kay May

4/30/07

850-933-7056