

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085623

Entity Name: CKRE, LLC

FILED
Jul 21, 2009
Secretary of State

Current Principal Place of Business:

6547 MIDNIGHT PASS ROAD #3
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6547 MIDNIGHT PASS ROAD #3
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 72-1620392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NORTON, JULIE
6547 MIDNIGHT PASS RD
#3
SARASOTA, FL 34242 US

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: MGRM () Delete
Name: NORTON, JULIE
Address: 6547 MIDNIGHT PASS ROAD #3
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: HOWELL, FRANK
Address: 6547 MIDNIGHT PASS ROAD #3
City-St-Zip: SARASOTA, FL 34242

Title: MGR () Delete
Name: NORTON, ROY
Address: 6547 MIDNIGHT PASS ROAD #3
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

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

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

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

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: ROY NORTON

DIR

07/21/2009

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