

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90148 044 ****55.00

DOCUMENT # L06000086273

1. Entity Name
DKTS VENTURES, LLC



Principal Place of Business
1953 BARBER ROAD
SARASOTA, FL 34240

Mailing Address
1953 BARBER ROAD
SARASOTA, FL 34240

00004300



2. Principal Place of Business - No P.O. Box #
2155 NW MYRTLE AVE
Suite, Apt. #, etc.

3. Mailing Address
2155 NW MYRTLE AVE
Suite, Apt. #, etc.

01052007 Chg-LLC CR2E083 (12/06)

City & State
ARCADIA, FL

City & State
ARCADIA, FL

4. FEI Number
061796972

Applied For
Not Applicable

Zip
34266

Country
DESOTO

Zip
34266

Country
DESOTO

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

6. Name and Address of Current Registered Agent

BINNS, DANIEL
1953 BARBER ROAD
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name
BINNS, DANIEL
Street Address (P.O. Box Number is Not Acceptable)
2155 NW MYRTLE AVE
City
ARCADIA, FL Zip Code
34266

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 **DANIEL BINNS** **1/18/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BINNS, DANIEL
1953 BARBER ROAD
SARASOTA, FL 34240 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BINNS, DANIEL
2155 NW MYRTLE AVE
ARCADIA, FL 34266 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **DANIEL BINNS** **1/18/2007** **941-915-0557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #