

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000107036**

1. Entity Name  
**AKINS ENTERPRISES, LLC**



Principal Place of Business  
**12810 KITTEN TRAIL  
HUDSON, FL 34669**

Mailing Address  
**12810 KITTEN TRAIL  
HUDSON, FL 34669**



04172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5924076**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33569**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000920256  
05/14/08-80037-005 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AKINS, WILLIAM L 12810 KITTEN TRAIL HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AKINS, LAURA J 12810 KITTEN TRAIL HUDSON, FL 34669
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**DO NOT WRITE  
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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.

*Laura J. Akins*