

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90046 004 ***138.75

DOCUMENT # L06000112058

1. Entity Name
LKM VENTURES, LLC



Principal Place of Business
**9797 GIBSONTON DRIVE
RIVERVIEW, FL 33569**

Mailing Address
**9797 GIBSONTON DRIVE
RIVERVIEW, FL 33569**

60000123



2. Principal Place of Business, No P.O. Box #
10421 FERN HILL DR
Suite, Apt. #, etc.

3. Mailing Address
10421 FERN HILL DR
Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State
RIVERVIEW FL
Zip
33578 Country
USA

City & State
RIVERVIEW FL
Zip
33578 Country
USA

4. FEI Number
36-4597549 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RINGHAVER, LANCE C
9797 GIBSONTON DRIVE
RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name
RINGHAVER, Lance
Street Address (P.O. Box Number is Not Acceptable)
10421 FERN HILL DR
City
RIVERVIEW FL Zip Code
33578

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

(NOTE: Registered Agent signature required when reinstating)

1/4/08
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RINGHAVER, LANCE
9797 GIBSONTON DR
RIVERVIEW, FL 33569** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RINGHAVER, Lance ☒ Change ☐ Addition
**10421 FERN HILL DR
RIVERVIEW FL 33578**

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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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: **Lance Ringhaever**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/08
Date

813/671-3700
Daytime Phone #