

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000121258

1. Entity Name
J K CAPITAL, LLC



Principal Place of Business
2351 WOODCREST DRIVE
WINTER PARK, FL 32792 US

Mailing Address
PO BOX 1267
WINTER PARK, FL 32790 US

DO NOT WRITE IN THIS SPACE



02112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5987727

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWER, KURT FORREST ESQ.
2300 CURRY FORD ROAD
ORLANDO, FL 32806

**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 reconstituting)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HUGGINS, J. KIRT
PO BOX 1267
WINTER PARK, FL 32790

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
KLEIN, KIRK E
PO BOX 1267
WINTER PARK, FL 32790

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
WOODARD, JASON C
PO BOX 1267
WINTER PARK, FL 32790

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
LYDEN, JAMES PATRICK
PO BOX 1267
WINTER PARK, FL 32790

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000826398
02/21/08-80048-006 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #