
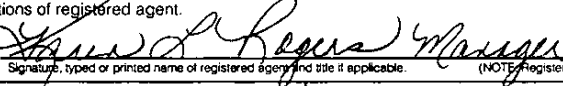
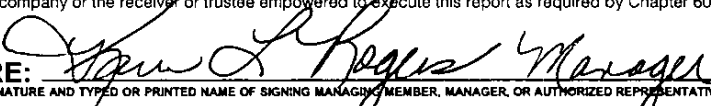


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90097 023 ***138.75

DOCUMENT # L07000015626																													
1. Entity Name RKR & ASSOCIATES, LLC																													
Principal Place of Business 10620 SW 69TH TERRACE OCALA, FL 34476			Mailing Address 10620 SW 69TH TERRACE OCALA, FL 34476																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-8427183</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">Applied For Not Applicable</div>																									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
ROGERS, KAREN L 10620 SW 69TH TERRACE OCALA, FL 34476			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>																										
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> 2/6/08 <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																											
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROGERS, KAREN L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10620 SW 69TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34476</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROGERS, RAYMOND A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10620 SW 69TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34476</td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	ROGERS, KAREN L		STREET ADDRESS	10620 SW 69TH TERRACE		CITY-ST-ZIP	OCALA, FL 34476		TITLE	MGR	<input type="checkbox"/> Delete	NAME	ROGERS, RAYMOND A		STREET ADDRESS	10620 SW 69TH TERRACE		CITY-ST-ZIP	OCALA, FL 34476	
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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.																													
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 30%; text-align: center;"> 2/6/08 (352)351-1548 <small>Date Daytime Phone #</small> </div> </div>																													

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01082008 Chg-LLC CR2E083 (12/06)