6/20/2008-90113-017-$138.75-$138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 DEC 31 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000039751

1. Entity Name
PFK COMPANY, LLC

Principal Place of Business
4963 BAYSHORE BLVD.
TAMPA, FL 33611

Mailing Address
4963 BAYSHORE BLVD.
TAMPA, FL 33611

04222008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box	3. Mailing Address
1302 W. Sligh Ave	P.O. Box 2290
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Tpa, Florida	City & State: Tampa FL
Zip: 33604 Country	Zip: 33601 Country

4. FEI Number 20-8892263 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANELLI, DENNIS
100 S. ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _______ DATE

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

Notice for 2008 Report was not received.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE Pres. (President) NAME Frank Kane STREET ADDRESS PO BOX 2290 CITY-ST-ZIP Tampa FL 33601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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REINSTATEMENT 2008

06/20/08--90113--017--**138.75

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06/20/08--90113--017--**138.75

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] 4-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

S08179900351