

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90024 043 ***143.75

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02172008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000060943

1. Entity Name
KIRKWOOD VENTURES, LLC



Principal Place of Business
**1209 CHANTILLY CIRCLE
NICEVILLE, FL 32578**

Mailing Address
**1209 CHANTILLY CIRCLE
NICEVILLE, FL 32578**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 15472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Arlington, VA

Zip

Country

Zip

22215

Country

USA

4. FEI Number

26-0319974

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIGSBY, III, ROBERT L
1209 CHANTILLY CIRCLE
NICEVILLE, FL 32578**

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

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

Viktor I. Jonkoff, Viktor I. Jonkoff, Manager 18 Feb 2008

NOTE: Registered Agent signature required when reinstating

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JONKOFF, VIKTOR I
10801 GLEN MIST LANE
FAIRFAX, VA 22030** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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: Viktor I. Jonkoff, Viktor I. Jonkoff 18 Feb 2008 703-625-3038

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

Date

Daytime Phone #