

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-21-2008 90206 016 ***138.75

DOCUMENT # L07000075833 1. Entity Name PEAK WEALTH OPPORTUNITIES, LLC					
Principal Place of Business 10225 ULMERTON ROAD SUITE 3D LARGO, FL 33771			Mailing Address 10225 ULMERTON ROAD SUITE 3D LARGO, FL 33771		
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		Country		4. FEI Number 36-4612692	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PEAK CAPITAL CORPORATION 10225 ULMERTON ROAD SUITE 3D LARGO, FL 33771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 except the obligations of registered agent.				FL Zip Code	
SIGNATURE <u><i>David W. Duke</i></u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u><i>April 28, 2008</i></u> (NOTE: Registered Agent signature required when reinstating)	
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	MGRM PEAK CAPITAL CORPORATION 10225 ULMERTON ROAD SUITE 3D LARGO, FL 33771	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS 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: <u><i>David W. Duke</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
DATE <u><i>April 28, 2008</i></u> Date Daytime Phone #					