


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90016 011 ***138.75

DOCUMENT # L07000084102 1. Entity Name MY A'KELYN, L.L.C.																													
Principal Place of Business 761 AVENUE O, S.E. WINTER HAVEN, FL 33880			Mailing Address P.O. BOX 2763 WINTER HAVEN, FL 33883																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 61-1563585																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent DAMES, TERI A. 1683 MARSHALL ROAD, SW WINTER HAVEN, FL 33880				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OGLETREE GAFFNEY, CONNIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>761 AVENUE O, S.E.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WINTER HAVEN, FL 33880</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	OGLETREE GAFFNEY, CONNIE		STREET ADDRESS	761 AVENUE O, S.E.		CITY - ST - ZIP	WINTER HAVEN, FL 33880		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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.																													
SIGNATURE: <u>Connie Ogletree Gaffney, Connie Ogletree Gaffney</u> (863) 2168-3531 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													

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