

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-18-2008 90154 013 ***143.75

DOCUMENT # L07000101089					
1. Entity Name ZKB, LLC					
Principal Place of Business 97427 BLACKBEARDS WAY YULEE, FL 32097			Mailing Address 97427 BLACKBEARDS WAY YULEE, FL 32097		
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	
02222008 Chg-LLC CR2E083 (12/06)				4. FEI Number	
				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		
BRADDOCK, KENNIE E 97427 BLACKBEARDS WAY YULEE, FL 32097			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: <i>Kennie E. Braddock</i>			DATE: 4-16-08		
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	<i>Kennie E. Braddock</i> <i>97427 Blackbeards Way</i> <i>Yulee FL 32097</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Z.C. Spabett</i> <i>97427 Blackbeards Way</i> <i>Yulee, FL 32097</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V. President</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	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: <i>Kennie E. Braddock</i>			DATE: 4-16-08 904-557-5004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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