

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2008 8:00 am
Secretary of State

04-23-2008 90125 047 *****55.00

05-27-2008 90372 030 *****88.75

DOCUMENT # L07000107527



1. Entity Name

CBK CONCEPTS LLC

DO NOT WRITE IN THIS SPACE

50005921

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13005 NW 150TH ROAD

3. Mailing Address

P.O. BOX 1290

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA

4. FEI Number

26-1355039

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

32616-1290

Country

USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE,

FL

Zip Code

32301

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM

TIM C. KNIGHTEN JR.
13005 NW 150TH ROAD
ALACHUA, FL 32615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM

SHIRLEY KNIGHTEN
13005 NW 150TH ROAD
ALACHUA, FL 32615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

5/19/08

Date

352-474-0514

Daytime Phone #