

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125120

Entity Name: CELKO, LLC

FILED  
Apr 06, 2009  
Secretary of State

**Current Principal Place of Business:**

2430 NEWPORT AVE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 527  
LAKELAND, FL 338020527

**New Mailing Address:**

FEI Number: 26-1641204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIGGINS, KRISTOPHER F  
2430 NEWPORT AVE  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HIGGINS, KRISTOPHER  
Address: PO BOX 527  
City-St-Zip: LAKELAND, FL 338020527

Title: MGR ( ) Delete  
Name: HIGGINS, CARLA FAYE  
Address: PO BOX 527  
City-St-Zip: LAKELAND, FL 338020527

Title: MGR ( ) Delete  
Name: HIGGINS, EUGENE FREDICK  
Address: PO BOX 527  
City-St-Zip: LAKELAND, FL 338020527

Title: MGR ( ) Delete  
Name: HIGGINS, EUGENE FREDICK  
Address: PO BOX 527  
City-St-Zip: LAKELAND, FL 338020527

Title: MGR (X) Delete  
Name: HIGGINS, LUWANDA CAROL  
Address: PO BOX 527  
City-St-Zip: LAKELAND, FL 338020527

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: HIGGINS, LUWANDA CAROL  
Address: PO BOX 527  
City-St-Zip: LAKELAND, FL 338020527

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KRISTOPHER F HIGGINS

MGR

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date