

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023110

Entity Name: N.D.K. ENTERPRISES, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

13547 LAKE MAGDALENE DR.
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

13547 LAKE MAGDALENE DR.
TAMPA, FL 33613

New Mailing Address:

FEI Number: 90-0350346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYLA, DUMONT
13547 LAKE MAGDALENE DR.
TAMPA, FL 33613 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: NELSON, GARY
Address: 11621 CARROLLWOOD DR.
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: DUMONT, MALCOLM
Address: 13547 LAKE MAGDALENE DR.
City-St-Zip: TAMPA, FL 33613

Title: MGR () Delete
Name: KLASSEN, KENNETH
Address: 16222 PINEROCK DR.
City-St-Zip: TAMPA, FL 33624

Title: MGRM () Delete
Name: NELSON, MARY
Address: 11621 CARROLLWOOD DR.
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: DUMONT, GAYLA
Address: 13547 LAKE MAGDALENE DR.
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Delete
Name: KLASSEN, SUSAN
Address: 16222 PINEROCK DR.
City-St-Zip: TAMPA, FL 33624

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

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

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: GAYLA DU MONT

MGRM

04/07/2009

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