

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071175

Entity Name: LOW KEY TIKI, LLC

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3135 STRINGFELLOW ROAD  
ST. JAMES CITY, FL 33956 US

**New Principal Place of Business:**

**Current Mailing Address:**

2766 HERON CT  
ST. JAMES CITY, FL 33956

**New Mailing Address:**

FEI Number: 27-0617946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS, BARBARA A  
2766 HERON COURT  
ST JAMES CITY, FL 33956 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: MGRM  
Name: ADAMS, SCOTT A  
Address: 3135 STRINGFELLOW ROAD  
City-St-Zip: ST JAMES CITY, FL 33956 US

Title: MGRM  
Name: ADAMS, BARBARA A  
Address: 3135 STRINGFELLOW ROAD  
City-St-Zip: ST JAMES CITY, FL 33956 US

I hereby 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: BARBARA A ADAMS

MGMR

04/06/2010

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