

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115186

Entity Name: I.K.C., LLC

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4216 OLD MILL COVE TRAIL WEST  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

4216 OLD MILL COVE TRAIL WEST  
JACKSONVILLE, FL 32277

**New Mailing Address:**

FEI Number: 27-1429968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WILLIAMS, CHRISTOPHER R  
4216 OLD MILL COVE TRAIL WEST  
JACKSONVILLE, FL 32277 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: WILLIAMS, CHRISTOPHER R  
Address: 4216 OLD MILL COVE TRL. W.  
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: MGRM  
Name: WILLIAMS, NEEKA W  
Address: 4216 OLD MILL COVE TRL. W.  
City-St-Zip: JACKSONVILLE, FL 32277 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: NEEKA W. WILLIAMS

MGRM

04/07/2011

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