

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90033 003 ****50.00

DOCUMENT # L98000003214

1. Entity Name
IAK FLORIDA HOLDING, L.L.C.



Principal Place of Business
**600 FIFTH AVE. SOUTH, STE. 306
NAPLES FL 34102**

Mailing Address
**600 FIFTH AVE. SOUTH, STE. 306
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

6230 Shirley St.

6230 Shirley St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

Naples, FL

Naples FL

Zip

Country

Zip

Country

34109

USA

34109

USA

6. Name and Address of Current Registered Agent

4. FEI Number **59-3568902**

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

**ULRIKE KERNER
600 FIFTH AVE. SOUTH, STE. 306
NAPLES FL 34102**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KERNER, MICHAEL
838 PERRINE COURT
MARCO ISLAND FL 34145-6813**

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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:

Michael Kerner

4/14/03 (339-254-7860)

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

Date

Daytime Phone #

CR2E083 (10/02)