

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002921

1. Entity Name
DARKENT PROPERTIES, LLC



Principal Place of Business
**1798 N. HERCULES AVENUE
CLEARWATER, FL 33765**

Mailing Address
**1798 N. HERCULES AVENUE
CLEARWATER, FL 33765**



01122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3576816

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, J. PAUL
625 COURT STREET, SUITE 625
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------|
| TITLE | MGRM |
| NAME | WILSON, DARRALD |
| STREET ADDRESS | 1798 N. HERCULES AVENUE |
| CITY-ST-ZIP | CLEARWATER, FL 33765 |
| TITLE | MGRM |
| NAME | KVIDERA, KENT |
| STREET ADDRESS | 1798 N. HERCULES AVENUE |
| CITY-ST-ZIP | CLEARWATER, FL 33765 |
| TITLE | S |
| NAME | RAYMOND, J. PAUL |
| STREET ADDRESS | 625 COURT ST SUITE 200 |
| CITY-ST-ZIP | CLEARWATER, FL 33756 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/25/05-80119-023 50.00

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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)(f), 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: _____

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

Date

Daytime Phone #

4-2005