

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004140

1. Entity Name
HLK SOUTH, LLC

Principal Place of Business
C/O CUMMINGS & LOCKWOOD
3001 NORTH TAMiami TRAIL
NAPLES FL 34103

Mailing Address
C/O CUMMINGS & LOCKWOOD
3001 NORTH TAMiami TRAIL
NAPLES FL 34103-2715



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12795 Maiden Cane Lane
Suite, Apt. #, etc.
c/o Henry Holzkamper

3. Mailing Address
12795 Maiden Cane Lane
Suite, Apt. #, etc.
c/o Henry Holzkamper

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number
59-3586945

Applied For
Not Applicable

Zip
34135

Country
USA

Zip
34135

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLASP INC.
C/O CUMMINGS & LOCKWOOD
3001 NORTH TAMiami TRAIL, 4TH FLOOR
NAPLES FL 34103

Name
Henry Holzkamper
Street Address (P.O. Box Number is Not Acceptable)
12795 Maiden Cane Lane
City
Bonita Springs FL Zip Code
34135

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGRM			
	KORNYLAK, WILLIAM J	13110 TRAVIS VIEW LOOP	AUSTIN TX 78732	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Signature of William J. Kornylak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-20-00 512-2667876

CR2E083 (9/99)