

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90216 042 ****50.00

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02062007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L99000005273 1. Entity Name SCHALK ENTERPRISES, LLC																																	
Principal Place of Business 1995 EIDSON DRIVE DELAND, FL 32724			Mailing Address 1995 EIDSON DRIVE DELAND, FL 32724																														
2. Principal Place of Business - No P.O. Box # 105 POINT O'WOODS DR Suite, Apt. #, etc.		3. Mailing Address 105 POINT O'WOODS DR Suite, Apt. #, etc.																															
City & State DAYTONA Bch FL Zip 32114		City & State DAYTONA Bch FL Zip 32114		4. FEI Number 59-3603393																													
Country VOLUNIA		Country VOLUNIA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32115-2491				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																														
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGRM SCHALK, ROBERT 1995 EIDSON DRIVE DELAND, FL 32720 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> SAME 105 POINT O'WOODS DR DAYTONA Bch FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHALK, ROBERT 1995 EIDSON DRIVE DELAND, FL 32720 <input checked="" type="checkbox"/> Delete													TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME 105 POINT O'WOODS DR DAYTONA Bch FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>X Robert Schalk May</u> Date: <u>X 2/12/07</u> Daytime Phone #: <u>1-386-253-9381</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>																																	