

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2003 8:00 am
Secretary of State

07-01-2003 90001 014 ****50.00

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DOCUMENT # M00000001751

1. Entity Name
PK-1, L.L.C.



Principal Place of Business
**645 GULF SHORES PARKWAY
GULF SHORES AL 36542**

Mailing Address
**14001 PERDIDO KEY DR
PENSACOLA FL 32507**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

14113 Perdido Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pensacola, Florida

4. FEI Number **63-1209236**

Applied For

Not Applicable

Zip

Country

Zip

Country

32507

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

**LAGMAN, WILLIAM P
14001 PERDIDO KEY DRIVE
PENSACOLA FL 32507**

Name

William P. Lagman

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

14113 Perdido Key Drive

City

Pensacola

FL

Zip Code

32507

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

William P. Lagman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/26/03

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
SHANNON SYSTEMS, INC.
645 GULF SHORES PARKWAY
GULF SHORES AL 36542** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GULF SHORES INVESTMENTS, L.L.C.
14001 PERDIDO KEY DR
PENSACOLA FL 32507** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Gulf Shores Investments, L.L.C.
14113 Perdido Key Drive
Pensacola, Florida 32507** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

William P. Lagman

6/26/03

850-492-0613

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

Date

Daytime Phone #

CR2E083 (10/02)