

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90068 019 \*\*\*\*55.00

<b>DOCUMENT # M06000002867</b> 1. Entity Name ARK II MANUFACTURING, LLC					
Principal Place of Business 7400 NW 13 AVENUE MIAMI, FL 33147			Mailing Address 7400 NW 13 AVENUE MIAMI, FL 33147		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address 1500 ANNWELD DRIVE  Suite, Apt. #, etc.			
City & State  Zip		City & State GARRETTSVILLE OH  Zip 44231 U.S.A.		4. FEI Number 20-3026518  Applied For <input type="checkbox"/> Not Applicable	
Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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;"> <span>FL</span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			CFO JOEL CHRISTMAN 1500 ANNWELD DRIVE GARRETTSVILLE OH 44231		
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.					
<b>SIGNATURE:</b> <u>Laurie M. Henson</u> <u>Laurie M. Henson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/16/07</u> 330-527-4385 <small>Daytime Phone #</small>		

STATEMENT OF STATE