


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000004938
 1. Entity Name
 SORTKWIK, LLC



Principal Place of Business
 4460 N FEDERAL HIGHWAY
 LIGHTHOUSE POINT, FL 33064

Mailing Address
 4460 N FEDERAL HIGHWAY
 LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE



04232008 No Chg-LLC CR2E083 (12/07)

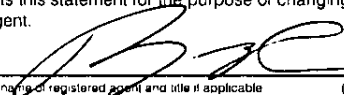
4. FEI Number 34-1979446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M ESQ
 799 BRICKELL PLAZA, STE 700
 MIAMI, FL 33131

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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  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

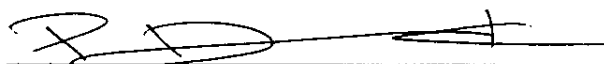
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FITZPATRICK, PETER D 232 WEST 48TH ST, STE 4 NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DWYER, THOMAS F 232 WEST 48TH ST, STE 4 NEW YORK, NY 10036
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 05/21/08-80090-016 138.75

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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:  DATE: 4/23/08

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