

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016244

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** SCHENK & ASSOCIATES, PLC

**Current Principal Place of Business:**

999 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131

**New Principal Place of Business:**

999 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131 US

**Current Mailing Address:**

999 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131

**New Mailing Address:**

999 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131 US

**FEI Number:** 20-0802065

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

SCHENK, MAXIMILIAN J ESQ  
999 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHENK, MAXIMILIAN J  
Address: 999 BRICKELL AVENUE, SUITE 700  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAXIMILIAN J. SCHENK

MGRM

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date