

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-24-2008 90066 045 ***138.75

DOCUMENT # L06000104137 1. Entity Name ELKOR, LLC			
Principal Place of Business 2300 PALM BEACH LAKES BOULEVARD SUITE 200-G WEST PALM BEACH, FL 33409		Mailing Address 2300 PALM BEACH LAKES BOULEVARD SUITE 200-G WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # 660 LINTON BLVD		3. Mailing Address 660 LINTON BLVD	
Suite, Apt. #, etc. SUITE 203F		Suite, Apt. #, etc. SUITE 203F	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33444	Country USA	Zip 33444	Country USA
6. Name and Address of Current Registered Agent POPOVS, ALEKSANDERS 2300 PALM BEACH LAKES BOULEVARD SUITE 200-G WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name SAME NAME Street Address (P.O. Box Number is Not Acceptable) 660 LINTON BLVD STE 203F City DELRAY BEACH FL Zip Code 33444	
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 ALEKSANDERS POPOVS DATE 1-17-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consolidating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MR. PRESIDENT POPOVS, ALEKSANDERS 860 SOUTH OCEAN BOULEVARD MANALAPAN, FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ADMINISTRATOR DANIELLE ZARNOWIEC 660 LINTON BLVD STE 203F DELRAY BEACH, FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: W SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: 1-17-08 561 213 2827 Date Document Prepared	

30001402



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5773641
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required