

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90189 021 ***138.75

DOCUMENT # L07000126050

1. Entity Name

LMK CONSULTANTS, LLC



Principal Place of Business

3533 JENNIE JEWEL PLACE
ORLANDO FL 32806

Mailing Address

PO BOX 568832
ORLANDO FL 32856



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1549081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

KRISHAK, LINDA M
3533 JENNIE JEWEL PLACE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Linda M. Krishak

Signature, typed or printed name of registered agent to be filed (if applicable)

(NOTE: Registered Agent's signature required when resigning)

04-04-2008

DATE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
KRISHAK, LINDA M
3533 JENNIE JEWEL PLACE
ORLANDO FL 32806

☐ Delete

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10. ADDITIONS/CHANGES

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Linda M. Krishak

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

04/04/2008

DATE

407-492-8797

Telephone #