

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000061770

**Entity Name:** MAOKIN, LLC**Current Principal Place of Business:**3945 SW 188TH AVENUE  
MIRAMAR, FL 33029**Current Mailing Address:**3945 SW 188TH AVENUE  
MIRAMAR, FL 33029**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIHER, EDWARDS  
3945 SW 188TH AVENUE  
MIRAMAR, FL 33029 US*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**Authorized Person(s) Detail :**

Title	MGRM
Name	MAOKIN C.A.
Address	3945 SW 188TH AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	DP
Name	SIHER, EDWARDS
Address	3945 SW 188TH AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	DV
Name	FERMIN FUNG CHIU
Address	3945 SW 188TH AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	DS
Name	ANA OFELIA FUNG CHIU
Address	3945 SW 188TH AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	DT
Name	COREY FUNG CHIU
Address	3945 SW 188TH AVENUE
City-State-Zip:	MIRAMAR FL 33029

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARDS SIHER

DP

01/10/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date