

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # L00000009114

1. Entity Name

BHKK HOLDINGS, LLC

02 JUN 12 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1000 E Hillsboro Blvd
Suite, Apt. #, etc.

Same

Suite 100

City & State

City & State

Deerfield Beach, FL

Zip
33441

Country
US

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott Brenner

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

1000 E Hillsboro Blvd., Ste 100

City

Deerfield Beach,

FL

Zip Code

33441

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scott Brenner 1000 E Hillsboro Blvd., Ste 100 Deerfield Beach, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800005574278--9 -05/20/02--01046--003 *****367.50 *****58.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Marc Kopelman 1000 E Hillsboro Blvd., Ste 100 Deerfield Beach, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brian Horowitz 1000 E Hillsboro Blvd., Ste 100 Deerfield Beach, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

Signature, typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083B (12/01)