

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009289 1. Entity Name MENCKEN, LLC	
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Principal Place of Business 11098 BISCAYNE BLVD 205 MIAMI, FL 33161 US	Mailing Address P.O BOX 530585 MIAMI SHORES, FL 33153
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DO NOT WRITE IN THIS SPACE



01302006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 01-0602394	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KURKIN, ALEX ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131
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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

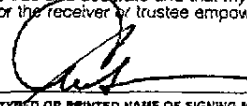
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELIGION, CAROL KING 11098 BISCAYNE BLVD #205 MIAMI, FL 33161
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02/21/06-80038-022 50.00

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 603, Florida Statutes.

SIGNATURE:  **CAROL KING SELIGION** **02-06-06** **305-7589150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #