

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90073 045 ***138.75

DOCUMENT # L01000002778

1. Entity Name
MULLER UND SOHN KAPITAL KONSULTANTS, LLC



Principal Place of Business
**240 ROYAL PALM WAY
2ND FLR
PALM BEACH, FL 33480**

Mailing Address
**PO BOX 2378
PALM BEACH, FL 33480**

60019429



01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
505 South Flagler Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1331

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33401

U.S.A.

4. FEI Number
65-1101158

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MUELLER, GEORGE E JR.
P.O. BOX 3228
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MUELLER, G. JASON III
P.O. BOX 3228
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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:

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

Date

Daytime Phone #