

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006677

1. Entity Name
M.K.T. HOLDINGS, LLC



Principal Place of Business

**289 SANDY RUN
MELBOURNE, FL 32940**

Mailing Address

**289 SANDY RUN
MELBOURNE, FL 32940**



01222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3714260

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOOLEY, DAVID
653 CANDLEWOOD WAY
MELBOURNE, FL 32940**

**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. 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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORRELL, JIMMEY
STREET ADDRESS	289 SANDY RUN
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	MGR
NAME	KENDUST, RICK A
STREET ADDRESS	540 WHISPERING PINES
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	MGR
NAME	TOLLEY, DAVID R
STREET ADDRESS	653 CANDLEWOOD WAY
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000207884
02/01/05-80064-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

25 Jan 05 321-254-8374

Date

Daytime Phone #