

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009768

Entity Name: INKA GRAND FLORIDA II, LLC

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

539 NORTH BIRCH ROAD  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

539 NORTH BIRCH ROAD  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 65-1114954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOSLOWSKI, CASEY KARL  
539 NORTH BIRCH ROAD  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: KOSLOWSKI, CASEY  
Address: 539 N BIRCH RD  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP  
Name: KOSLOWSKI, INGRID  
Address: N76 W14934 CLARE DRIVE  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: T  
Name: KOSLOWSKI, KARL  
Address: N76 W14934 CLARE DR.  
City-St-Zip: MENOMONEE FALLS, WI 53051

I hereby certify that the information indicated on this 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.

SIGNATURE: CASEY KARL KOSLOWSKI

P

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date