

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

04 FEB 17 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02052004 No Chg-LLC

CR2E083 (10/03)

**DOCUMENT # L01000022517**

1. Entity Name  
**TEX-MEM SITESITE, LLC**



Principal Place of Business  
**16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446**

Mailing Address  
**16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-2990417**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KUKES, JEFFREY  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446**

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JKK MANAGER, INC.  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446**

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

**800028925058**  
**02/17/04--01028--014 \*\*600.00**

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**JEFFREY KUKES**

**16410 MADDALENA PLACE**

**DELRAY BEACH, FL 33446**

**561.496.2123**