

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90157 019 ****50.00

DOCUMENT # L02000001620

1. Entity Name

TAK ENTERPRISES, LLC



Principal Place of Business

12540 N.W. 65TH DRIVE
PARKLAND FL 33076

Mailing Address

12540 N.W. 65TH DRIVE
PARKLAND FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0050629

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

KATZ, ALLAN
900 NORTH FEDERAL HIGHWAY
SUITE 410
BOCA RATON FL 33432

Name

ALLAN KATZ

Street Address (P.O. Box Number is Not Acceptable)

12540 N.W. 65TH DRIVE

PARKLAND FLORIDA

City

FL

Zip Code

33076

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME KATZ, ALLAN
STREET ADDRESS 12540 N.W. 65TH DRIVE
CITY-ST-ZIP PARKLAND FL 33076

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

TITLE MGRM ☐ Delete
NAME KATZ, TERRI J
STREET ADDRESS 12540 N.W. 65TH DRIVE
CITY-ST-ZIP PARKLAND FL 33076

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

Allan Katz

June 16, 2004

954-227-8019