

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90200 016 ****50.00

DOCUMENT # L02000010316

1. Entity Name

WNK, LLC



Principal Place of Business

87851 OLD HWY. P-44
ISLAMORADA FL 33036

Mailing Address

87851 OLD HWY. P-44
ISLAMORADA FL 33036

2. Principal Place of Business

3. Mailing Address

97251 Overseas Hwy Key Largo FL 33037

97251 Overseas Hwy Key Largo



MOORE

CR2E083 (11/03)

City & State

Key Largo FL

City & State

Key Largo FL

4. FEI Number

02-0598725

Applied For

Not Applicable

Zip

Country

33037 USA

Zip

Country

33037 USA

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

KURFIST-CIOFFI, WENDY
87851 OLD HWY. P-44
ISLAMORADA FL 33036

Name

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

97251 Overseas Hwy

City

Key Largo

FL

Zip Code

33037

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

Wendy Kurfist-Cioffi

Wendy Kurfist-Cioffi 2/2/04

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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME KURFIST-CIOFFI, WENDY ☐ Delete
STREET ADDRESS 87851 OLD HWY. P-44
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 97251 Overseas Hwy
CITY-ST-ZIP Key Largo FL 33037

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

Wendy Kurfist-Cioffi

Wendy Kurfist-Cioffi
2/2/04 305 8525824

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

Date

Daytime Phone #