


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010421	
1. Entity Name V. CHOPIK ENTERPRISES, LLC	

Principal Place of Business 12304 N.W. 48TH DR. CORAL SPRINGS, FL 33076	Mailing Address 12304 N.W. 48TH DR. CORAL SPRINGS, FL 33076
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0594079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CHOPIK, VLADIMIR 12304 NW 48TH DR CORAL SPRINGS, FL 33076	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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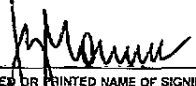
Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOPIK, VLADIMIR 12304 N.W. 48TH DR. CORAL SPRINGS, FL 33076
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04/21/05-80046-001 50.00

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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:  VLADIMIR CHOPIK	4/20/2005	(954) 344-7786
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>