

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90535 019 ****50.00

DOCUMENT # L02000018392

1. Entity Name
M.C.K. PROPERTIES, L.L.C.



Principal Place of Business
4648 PARK BOULEVARD
PINELLAS PARK, FL 33781

Mailing Address
4648 PARK BOULEVARD
PINELLAS PARK, FL 33781

20023182



2. Principal Place of Business

6580 72ND AVE. N.
Suite, Apt. #, etc.

3. Mailing Address

6580 72ND AVE. N.
Suite, Apt. #, etc.

03032005 Chg-LLC CR2E083 (10/03)

City & State

PINELLAS PARK, FL

Zip
33781

Country
USA

City & State

PINELLAS PARK, FL

Zip
33781

Country
USA

4. FEI Number
76-0705368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, STUART
4648 PARK BOULEVARD
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS COHEN, STUART
CITY-ST-ZIP 4648 PARK BOULEVARD
PINELLAS PARK, FL 33781 ☐ Delete

TITLE
NAME MGRM
STREET ADDRESS MCKENZIE, WALTER
CITY-ST-ZIP 4648 PARK BOULEVARD
PINELLAS PARK, FL 33781 ☐ Delete

TITLE
NAME MGRM
STREET ADDRESS KRETZER, RALPH
CITY-ST-ZIP 4648 PARK BOULEVARD
PINELLAS PARK, FL 33781 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 6580 72ND AVE. N. ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 6580 72ND AVE. N. ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 6580 72ND AVE. N. ☒ Change ☐ Addition
CITY-ST-ZIP

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

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

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

3-15-05 727-546-6611