

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003038

FILED  
Aug 21, 2009  
Secretary of State

Entity Name: TACKU INVESTMENTS LLC

**Current Principal Place of Business:**

12455 KEYSTONE ISLAND DR.  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12455 KEYSTONE ISLAND DR.  
NORTH MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 27-0042980      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TAKO, JACQUELINE  
12455 KEYSTONE ISLAND DR.  
NORTH MIAMI, FL 33181      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: TAKO, REUVEN  
Address: 12455 KEYSTONE ISLAND DR.  
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGR      ( ) Delete  
Name: TAKO, JACQUELINE  
Address: 12455 KEYSTONE ISLAND DR.  
City-St-Zip: NORTH MIAMI, FL 33181

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REUVEN TAKO

MGR

08/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date