

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009617

FILED
Feb 02, 2009
Secretary of State

Entity Name: LEFKO MCK. ENTERPRISES, L.L.C.

Current Principal Place of Business:

430 NORTH MILLS AVENUE
SUITE 4
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 533351
ORLANDO, FL 328533351

New Principal Place of Business:

430 NORTH MILLS AVENUE
SUITE 4
ORLANDO, FL 32803 US

New Mailing Address:

P.O. BOX 533351
ORLANDO, FL 328533351 US

FEI Number: 05-0558886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
SUITE 4
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: LEFKOWITZ, IVAN M
Address: 430 N. MILLS AVE., SUITE 4
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: MCKINLEY, SHIRA
Address: PO BOX 533351
City-St-Zip: ORLANDO, FL 328533351

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: IVAN M LEFKOWITZ

MGR

02/02/2009

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