

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90015 044 \*\*\*\*55.00

DOCUMENT # L03000010729

1. Entity Name  
DTK CONSULTING, LLC



Principal Place of Business  
8531 LAKE CYPRESS RD.  
LAKE WORTH, FL 33467

Mailing Address  
8531 LAKE CYPRESS RD.  
LAKE WORTH, FL 33467

00000004



**DO NOT WRITE IN THIS SPACE**

07262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARDING, GEORGE E  
1645 PALM BEACH LAKES BLVD., STE. 1200  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	KOENIG, DANIEL
STREET ADDRESS	8531 LAKE CYPRESS ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	Secretary/Treasurer
NAME	Koenig, Marilyn
STREET ADDRESS	8531 Lake Cypress Road
CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Daniel T. Koenig*

Daniel T. Koenig

7/26/07

561-964-4368

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

Date

Daytime Phone #