

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90083 046 ****50.00

DOCUMENT # L03000014692

1. Entity Name
PMK HOLDINGS, LLC



Principal Place of Business
335 S.W. 15TH AVENUE
POMPANO BEACH, FL 33069

Mailing Address
335 S.W. 15TH AVENUE
POMPANO BEACH, FL 33069

24061355



2. Principal Place of Business
1498 NW 3rd Street
Suite, Apt. #, etc.

3. Mailing Address
1498 NW 3rd Street
Suite, Apt. #, etc.

04262004

Chg-LLC

CR2E083 (10/03)

City & State
Deerfield Beach FL
Zip 33442 Country USA

City & State
Deerfield Beach FL
Zip 33442 Country USA

4. FEI Number
03-0521716

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERSHKOWITZ, PAUL
335 S.W. 15TH AVENUE
POMPANO BEACH, FL 33069

Name
Hershkowitz, Paul
Street Address (P.O. Box Number is Not Acceptable)
1498 NW 3rd Street
Deerfield Beach FL Zip Code 33442

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HERSHKOWITZ, PAUL
STREET ADDRESS 335 S.W. 15TH AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Hershkowitz, Paul
STREET ADDRESS 1498 NW 3rd Street
CITY-ST-ZIP Deerfield Beach FL 33442 ☒ Change ☐ Addition

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

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

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

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

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

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

4/26/04 954 782 3600

Date

Daytime Phone #