

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90164 012 ****50.00

DOCUMENT # L03000017759

1. Entity Name
CHONG O.K. L.L.C.



Principal Place of Business
1435 SW 18TH STREET
MIAMI, FL 33145

Mailing Address
1435 SW 18TH STREET
MIAMI, FL 33145

20060389



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06012005 Chg-LLC CR2E083 (10/03)

City & State
Zip Country

4. FEI Number
16-1668322

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAW OFFICE OF THOMAS J. SHEA III, P.A.
644 SE 4TH AVE
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name Jief H Chan
Street Address (P.O. Box Number is Not Acceptable)
2455 SW 12 ST
City Miami **FL** Zip Code 33135

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] (NOTE: Registered Agent signature required when reinstating) DATE 6-2-05

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME **MGRM CHONG, ANDRES** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1435 SW 18TH STREET MIAMI, FL 33145**

TITLE
NAME **MGRM CHONG, MARIA** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1435 SW 18TH STREET MIAMI, FL 33145**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6-2-05
Date Daytime Phone #