2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

04-16-2004 90414 014 ****50.00
08-23-2004 90152 037 ****50.00

DOCUMENT # L03000019174

1. Entity Name
TLK SALES LLC

Principal Place of Business	Mailing Address
11083 BLUE CORAL WAY BOCA RATON FL 33498	11083 BLUE CORAL WAY BOCA RATON FL 33498

MOORE CR2E083 (4/04)

2. Principal Place of Business	3. Mailing Address
11083 BLUE CORAL DR	11083 BLUE CORAL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33498 Country: US	Zip: 33498 Country: US

4. FEI Number: 65-0890481 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSCHNER, KENNETH
6576 VILLA SONRISA DR. APT. 1215
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name: TARA KIRSCHNER
Street Address (P.O. Box Number is Not Acceptable): 11083 BLUE CORAL DRIVE
City: Boca Raton FL Zip Code: 33498

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: Tara L Kirschner DATE: 8/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGISTERED AGENT ☑ Delete Kenneth Kirschner 6576 Villa Sonrisa DR Boca Raton FL 33433 Apt 1215	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGISTERED AGENT ☑ Change ☐ Addition TARA KIRSCHNER 11083 BLUE CORAL DRIVE Boca Raton FL. 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Tara L Kirschner 8/18/04 561 218 3102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #