

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000004938**

1. Entity Name  
**SORTKWIK, LLC**



Principal Place of Business  
**4460 N FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064**

Mailing Address  
**4460 N FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064**



02162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-1979446**

Applied For  
Not Applicable

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

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

**CAPOTE, BEATRIZ M ESQ  
799 BRICKELL PLAZA, STE 700  
MIAMI, FL 33131**

**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

*Beatriz Capote*

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

*2/17/06*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000441002  
03/03/06-80018-015 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FITZPATRICK, PETER D
STREET ADDRESS	232 WEST 48TH ST, STE 4
CITY-STATE-ZIP	NEW YORK, NY 10036
TITLE	MGR
NAME	DWYER, THOMAS F
STREET ADDRESS	232 WEST 48TH ST, STE 4
CITY-STATE-ZIP	NEW YORK, NY 10036
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 60B, Florida Statutes.

SIGNATURE:

*Beatriz Capote*

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

*2/17/06*

DATE

*(212) 956-0104*

Daytime Phone #