

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061770

FILED
Feb 12, 2009
Secretary of State

Entity Name: MAOKIN, LLC

Current Principal Place of Business:

3945 SW 188TH AVENUE
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

3945 SW 188TH AVENUE
MIRAMAR, FL 33029

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIHER, EDWARDS
3945 SW 188TH AVENUE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAOKIN C.A.,
Address: 3945 SW 188TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: DP () Delete
Name: SIHER, EDWARDS
Address: 3945 SW 188TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: DV () Delete
Name: FERMIN FUNG CHIU,
Address: 3945 SW 188TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: DS () Delete
Name: ANA OFELIA FUNG CHIU,
Address: 3945 SW 188TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: DT () Delete
Name: COREY FUNG CHIU,
Address: 3945 SW 188TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARDS SIHER

MGRM

02/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date