


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 22 AM 11:23

DOCUMENT # L04000065407 1. Entity Name MKK ENTERPRISES, LLC					
Principal Place of Business 1113 PARRILLA DE AVILA TAMPA, FL 33613			Mailing Address 212 E CASS ST TAMPA, FL 33602 US		
2. Principal Place of Business - No P.O. Box # 212 E Cass St.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL.		City & State		4. FEI Number 20-2752814	
Zip 33602		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P 315 SOUTH HYDE PARK AVENUE HINES NORMAN HINES, P.L. TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHAN, MASOOD K 212 E CASS ST TAMPA, FL 33602	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Addition </div> <div style="text-align: right;"> 000130897270 06/05/08--01006--022 ***427.50 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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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 608, Florida Statutes.					
SIGNATURE: <u>Nancy C. Khan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/25/08 <small>Date</small>		813 985 7899 <small>Daytime Phone #</small>

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