

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90374 001 ***416.25

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1. Entity Name
MNK & KJK HOLDINGS, LLC



Principal Place of Business
1113 PARRILLA DE AVILA
TAMPA, FL 33613

Mailing Address
212 E CASS ST
TAMPA, FL 33602 US

30007503



2. Principal Place of Business - No P.O. Box #

212 E Cass

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-LLC CR2E083 (12/06)

City & State
Tampa, FL

City & State

4. FEI Number
20-1643173

Applied For
Not Applicable

Zip
33602

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVE.
TAMPA, FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P ☐ Delete
NAME MAZOOD, KHAN K
STREET ADDRESS 212 E CASS ST
CITY-ST-ZIP TAMPA, FL 33602

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

TITLE ST ☐ Delete
NAME KHAN, NANCY C
STREET ADDRESS 212 E CASS ST
CITY-ST-ZIP TAMPA, FL 33602

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

TITLE V ☐ Delete
NAME KHAN, KHALID J
STREET ADDRESS 212 E CASS ST
CITY-ST-ZIP TAMPA, FL 33602

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: Nancy C. Khan

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

4/25/08 813 985 7899

Date

Daytime Phone #