

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005545

Entity Name: MEK ENTERPRISES, L.L.C.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

609 W CHASE ST
PENSACOLA, FL 32502

New Principal Place of Business:

1550 CREIGHTON ROAD
SUITE 4
PENSACOLA, FL 32504

Current Mailing Address:

P.O. BOX 13521
PENSACOLA, FL 32591

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:

BORDELON & SCHULTZ LAW FIRM, P.L.
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

KERRY ANNE SCHULTZ, ESQUIRE
2045 FOUNTAIN PROFESSIONAL COURT
SUITE A
NAVARRE, FL 32566 US

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: KERRY ANNE SCHULTZ, ESQUIRE

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PHILIP, KRISTEN H
Address: 64 N DONELSON ST
City-St-Zip: PENSACOLA, FL 32502

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PHILIP, KRISTEN H
Address: 1550 CREIGHTON ROAD, SUITE 4
City-St-Zip: PENSACOLA, FL 32504

Title: MBR () Change (X) Addition
Name: BANKESTER, MICHAEL
Address: 1550 CREIGHTON ROAD, SUITE 4
City-St-Zip: PENSACOLA, FL 32504

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: KRISTEN PHILIP

MGRM

04/02/2009

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