

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90035 013 ****50.00

DOCUMENT # L05000020405

1. Entity Name

4 JELK, LLC



Principal Place of Business

**123 VIZCAYA ESTATES DR
PALM BEACH GARDENS FL 33418**

Mailing Address

**123 VIZCAYA ESTATES DR
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3569497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

**MONCHICK, MICHAEL J ESQ
1803 S AUSTRALIAN AVE, STE A
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **NOVACK, JANET**
CITY-ST-ZIP **1339 JUNE LANE**
NARBETH PA 19072-1114

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MONCHICK, ELLEN**
CITY-ST-ZIP **123 VIZCAYA**
PALM BEACH GARDENS FL 33418

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **HASSMAN, LILLIAN**
CITY-ST-ZIP **117 MONA CT**
CHERRY HILL NJ 08003

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DECOU, KAREN**
CITY-ST-ZIP **2105 YACHT CLUB DR, APT. 2801**
AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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STREET ADDRESS
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 Section 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: *Michael J. Monchick* **Managing Partner Member** **4/12/06** **561-386-8955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #