

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000032926

1. Entity Name
HOWANKUFT, LLC



Principal Place of Business
23427 WESTCHESTER BLVD.
PORT CHARLOTTE, FL 33980 US

Mailing Address
23427 WESTCHESTER BLVD.
PORT CHARLOTTE, FL 33980 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC

CRZE083 (12/07)

4. FEI Number
20-2623076

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, ANDREW
116 DOLLY STREET
PUNTA GORDA, FL 33950

DO NOT WRITE
IN THIS SPACE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MEMBER
NAME	BARNETT, ANDREW
STREET ADDRESS	116 DOLLY STREET
CITY- ST- ZIP	PUNTA GORDA, FL 33950
TITLE	MEMBER
NAME	ZUSMAN, NEIL
STREET ADDRESS	23427 WESTCHESTER BLVD.
CITY- ST- ZIP	PORT CHARLOTTE, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000809074
02/08/08-80007-016 138.75

DO NOT WRITE
IN THIS SPACE

10. 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

Neil Zusman **NEIL ZUSMAN**

1/7/08 **941 624-4500**

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

Date

Daytime Phone #