

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000034067

1. Entity Name
KOPIKAP LLC



Principal Place of Business
**9177-B SW 22ND STREET
BOCA RATON, FL 33428-7614**

Mailing Address
**9177-B SW 22ND STREET
BOCA RATON, FL 33428-7614**

DO NOT WRITE IN THIS SPACE



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2640095

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAPLAN, ALAN I
9177-B SW 22ND STREET
BOCA RATON, FL 33428**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000775773
01/08/08-80043-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, ALAN 9177-B SW 22ND STREET BOCA RATON, FL 334287614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, LINDA 9177-B SW 22ND STREET BOCA RATON, FL 334287614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOPITZ, MICHAEL 9177-B SW 22ND STREET BOCA RATON, FL 334287614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOPITZ, ROBYN 9177-B SW 22ND STREET BOCA RATON, FL 334287614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date **1/3/08**

Daytime Phone # _____

**ALAN I KAPLAN MANAGING MEMBER
KOPIKAP LLC**

561 4790811