

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90189 001 ***138.75

DOCUMENT # L05000039669

1. Entity Name
UKW FRANCHISING COMPANY, LLC



Principal Place of Business
12955 BISCAYNE BLVD.
402
NORTH MIAMI, FL 33181

Mailing Address
12955 BISCAYNE BLVD
#402
NORTH MIAMI, FL 33181

60041950



2. Principal Place of Business - No P.O. Box #
3363 NE 163rd Street
Suite, Apt. #, etc.
Ste. 801

3. Mailing Address
3363 NE 163rd Street
Suite, Apt. #, etc.
Ste. 801

05092008 Chg-LLC CR2E083 (12/06)

City & State
North Miami Beach, FL
Zip
33160
Country
USA

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North Miami Beach, FL
Zip
33160
Country
USA

4. FEI Number
20-2765730
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRUPENMAGER, NOEMI P CEO
18911 COLLINS AVENUE,
1707
SUNNY ISLES, FL 33160

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MS
NAME GRUPENMAGER, NOEMI P CEO
STREET ADDRESS 18911 COLLINS AVE. # 1707
CITY-ST-ZIP SUNNY ISLES, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

NOEMI GRUPENMAGER

5/12/08 305-949-9294

May 12, 2008

ATTACHMENT

60041950

#C02000039669

Devona Reynolds
UKW Franchising
Company, LLC.
3363 NE 163rd Street,
Ste. 801M,
NMB, FL 33160

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

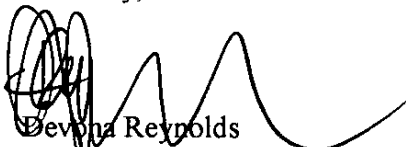
Re: 2008 Annual Report for UKW Franchising Company, LLC.

Dear Sir/Madam:

Please find enclosed the completed form and fee of \$138.75 to update our company's information. The principal place of business and mailing address has changed.

Please let me know if you have any additional questions.

Sincerely,



Devona Reynolds
Paralegal for UKW Franchising Company, LLC.

Encls.