

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040892

Entity Name: NOVINKY, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

2071 S OCEAN DR
TH19
HALLANDALE BEACH, FL 33009

Current Mailing Address:

2071 S OCEAN DR
TH19
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

2071 S OCEAN DR
#19
HALLANDALE BEACH, FL 33009

New Mailing Address:

2071 S OCEAN DR
#19
HALLANDALE BEACH, FL 33009

FEI Number: 20-3428898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMACHO, CARLOS
2071 S OCEAN DR TH19
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

CORPIA LLC
2071 S OCEAN DR
#19
HALLANDALE BEACH, FL 33009 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: ERIK HOLUBEC

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLUBEC, ERIK
Address: 2071 S OCEAN DR TH # 19
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM () Delete
Name: NOVAK, JIRI
Address: CHODSKA 1
City-St-Zip: 796 06 TRENCIN, OC 00000 EZ

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: NOVAK, JIRI
Address: CHODSKA 1
City-St-Zip: PROSTEJOV, OC 00000 EZ

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: ERIK HOLUBEC

MGMR

04/14/2009

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