

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042535

Entity Name: MEFK SERVICE LLC

FILED  
Jan 20, 2006  
Secretary of State

**Current Principal Place of Business:**

17620 NW 73 AV #204  
MIAMI, FL 33015

**New Principal Place of Business:**

8049 SW 118 CT  
MIAMI, FL 33183

**Current Mailing Address:**

17620 NW 73 AV #204  
MIAMI, FL 33015

**New Mailing Address:**

8049 SW 118 CT  
MIAMI, FL 33183

FEI Number: 20-2764890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KANNEE, LUIS  
17620 NW 73 AV #204  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

KANNEE, LUIS  
8049 SW 118 CT  
MIAMI, FL 33183 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: MARTA KANNEE

01/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: KANNEE, MARTA  
Address: 17620 NW 73 AV #204  
City-St-Zip: MIAMI, FL 33015

Title: SEC ( ) Delete  
Name: KANNEE, LUIS  
Address: 17620 NW 73 AV #204  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: KANNEE, MARTA  
Address: 8049 SW 118 CT  
City-St-Zip: MIAMI, FL 33183

Title: SEC (X) Change ( ) Addition  
Name: KANNEE, LUIS  
Address: 8049 SW 118 CT  
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTA KANNEE

PRES

01/20/2006

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