

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000045668**

1. Entity Name  
**KALPKO INTERNATIONAL, L.L.C.**



Principal Place of Business  
**18671 COLLINS AVENUE, SUITE 2201  
SUNNY ISLES BEACH, FL 33160**

Mailing Address  
**18671 COLLINS AVENUE, SUITE 2201  
SUNNY ISLES BEACH, FL 33160**



04142007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0819581**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SAVITT, JOEL A  
18671 COLLINS AVENUE, SUITE 2201  
SUNNY ISLES BEACH, FL 33160**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KHARLIP, MIKHAIL 18671 COLLINS AVENUE, SUITE 2201 SUNNY ISLES BEACH, FL 33160</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000713950  
04/27/07-80003-023 50.00

**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

Daytime Phone #

*april 15, 07.*