

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90076 023 ****50.00

DOCUMENT # L05000056363



1. Entity Name
MKT, LLC

Principal Place of Business
1622 NATURE COURT
PALM BEACH GARDENS, FL 33410

Mailing Address
1622 NATURE COURT
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business

3. Mailing Address

300 W. Indiantown Rd.



03272006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33458

Country

Palm Beach

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, CRAIG I ESQUIRE
1665 PALM BEACH LAKES BLVD
SUITE 1000
WEST PALM BEACH, FL 33401

Name

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

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BURNS, MATTHEW	
STREET ADDRESS	1622 NATURE COURT	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MARTIN, TIM	
STREET ADDRESS	1622 NATURE COURT	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BURNS, KIM	
STREET ADDRESS	1622 NATURE COURT	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Kim Burns - Kim Burns

3-27-06

561-7416-0008

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

Date

Daytime Phone #