Amended

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 12:45

DOCUMENT # L05000105969

1. Entity Name
MIK, LLC.

Principal Place of Business	Mailing Address
2221 SW 131 TERRACE DAVIE, FL 33325	2221 SW 131 TERRACE DAVIE, FL 33325

01192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1112 Weston Road	1112 Weston Road
Suite, Apt #, etc. #255	Suite, Apt #, etc. #255
City & State Weston, FL	City & State Weston, FL
Zip 33326 Country USA	Zip 33326 Country USA

4. FEI Number ~~APPLIED FOR~~ 260538431 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DAGEN, KIM A
2221 SW 131 TERRACE
DAVIE, FL 33325

7. Name and Address of New Registered Agent

Name Dagen, Michael
Street Address (P.O. Box Number is Not Acceptable) 1112 Weston Road #255
City Weston FL Zip Code 33326

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] Michael Dagen 10/2/07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAGEN, KIM A 2221 SW 131 TERRACE DAVIE, FL 33325	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100110494741 10/08/07--01041--008 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Dagen, Michael 2221 SW 131 Terrace Davie FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☑ Change ☐ Addition
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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] Michael Dagen 10/2/07 954-695-7464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #