

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90194 043 ****50.00

DOCUMENT # L05000116961

1. Entity Name

M&K HOWARD INVESTMENTS, LLC



Principal Place of Business

1916 SW 163 AVENUE
MIRAMAR, FL 33027

Mailing Address

1916 SW 163 AVENUE
MIRAMAR, FL 33027



03292007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1696698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, CLARA
13110 SW 17 COURT
MIRAMAR, FL 33027

**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	MGRM
NAME	HOWARD, KAREN
STREET ADDRESS	1916 SW 163 AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MGRM
NAME	HOWARD, MICHAEL
STREET ADDRESS	PO BOX 278257 1916 SW 163 AVE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

4/25/07

305-494-0519