

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90032 014 ****50.00

DOCUMENT # L05000119734

1. Entity Name
TIEN KUE LLC



Principal Place of Business
**2860 CORAL WAY
MIAMI, FL 33145 US**

Mailing Address
**18999 BISCAYNE BLVD
STE 205
AVENTURA, FL 33180 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3954991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LI, TINA ZHAN QIN
9772 NW 32 STREET
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

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 | LI, TINA ZHAN QIN | |
| STREET ADDRESS | 9772 NW 32 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33172 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | LEE, KON NUN | |
| STREET ADDRESS | 643 SEVILLA AVENUE | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | LI, JUN HONG | |
| STREET ADDRESS | 9954 NW 29 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33172 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | LEE, PABLO | |
| STREET ADDRESS | 2890 CORAL WAY | |
| CITY-ST-ZIP | MIAMI, FL 33145 | |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

[Handwritten Signature]

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

[Handwritten Date: 4/17/06]

Date

Daytime Phone #