

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90152 029 ***138.75

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**

60019022



01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3954997

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LI, TINA ZHAN QIN
STREET ADDRESS 9772 NW 32 STREET
CITY-ST-ZIP MIAMI, FL 33172 ☐ Delete

TITLE MGR
NAME LEE, KON NUN
STREET ADDRESS 643 SEVILLA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE MGR
NAME LI, JUN HONG
STREET ADDRESS 9954 NW 29 STREET
CITY-ST-ZIP MIAMI, FL 33172 ☐ Delete

TITLE MGR
NAME LEE, PABLO
STREET ADDRESS 2890 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/08