

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90346 021 ****50.00

DOCUMENT # L06000004573

1. Entity Name
DKMH INVESTMENTS, LLC



Principal Place of Business
16714 SOUTHWEST 39TH STREET
MIRAMAR, FL 33027

Mailing Address
16714 SOUTHWEST 39TH STREET
MIRAMAR, FL 33027

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
16714 SW 39th Street



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007 Chg-LLC CR2E083 (12/06)

City & State

City & State
MIRAMAR FL 3

4. FEI Number
22-3920398

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HICKS, KAREN
STREET ADDRESS 16714 SOUTHWEST 39TH STREET
CITY-ST-ZIP MIRAMAR, FL 33027 ☐ Delete

TITLE MGR
NAME HICKS, AUDREY
STREET ADDRESS 16714 SOUTHWEST 39TH STREET
CITY-ST-ZIP MIRAMAR, FL 33027 ☐ Delete

TITLE ST
NAME HICKS, KAREN
STREET ADDRESS 16714 SOUTHWEST 39TH STREET
CITY-ST-ZIP MIRAMAR, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

4/30/07 305-970-5634
Date Daytime Phone #