


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90124 034 \*\*\*138.75

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>DOCUMENT # L06000029507</b><br>1. Entity Name<br><b>M &amp; K GOLABEK, LLC</b>  |   |   |   |  |   |
| Principal Place of Business<br><b>5946 SWEET WILLIAM TER<br/>LAND O LAKES, FL 34639</b>  |   |   | Mailing Address<br><b>5946 SWEET WILLIAM TER<br/>LAND O LAKES, FL 34639</b>   |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |   |
| City & State   |   | City & State  |   |   |   |
| Zip  | Country   | Zip   | Country   | 03272008    Chg-LLC    CR2E083 (12/06)  |   |
| 4. FEI Number<br><b>20-4544738</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$5.00</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>WOJSZKO, KATARZYNA<br/>5946 SWEET WILLIAM TER<br/>LAND O LAKES, FL 34639</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>GOLABEK KATARZYNA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5946 SWEET WILLIAM TER</b><br>City <b>LAND O LAKES</b> <b>FL</b> Zip Code <b>34639</b> |   |   |
| 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.<br>SIGNATURE <u>Katarzyna J. Golabek MGR MEMBER</u> DATE <u>3/27/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                       |   |   |   |   |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |   | <b>Make check payable to<br/>Florida Department of State</b>  |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>WOJSZKO, KATARZYNA<br>5946 SWEET WILLIAM TER<br>LAND O LAKES, FL 34639 | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>GOLABEK KATARZYNA</b><br><b>5946 SWEET WILLIAM TER</b><br><b>LAND O LAKES FL 34639</b> |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GOLABEK, MAREK<br>5946 SWEET WILLIAM TER<br>LAND O LAKES, FL 34639     | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | (Empty)   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | (Empty)   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | (Empty)   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |   |   |   |
| <b>SIGNATURE: <u>Katarzyna J. Golabek MAN. MEMBER</u></b>  |   |   |   | <b>3/27/08</b>  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   |   | <small>Date    Daytime Phone #</small>  |   |