

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030369

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: CKC LLC.

## Current Principal Place of Business:

6778 LOBLOLLY BAY RD SW  
LABELLE, FL 33935 US

## New Principal Place of Business:

## Current Mailing Address:

6778 LOBLOLLY BAY RD SW  
LABELLE, FL 33935 US

## New Mailing Address:

FEI Number: 20-4556867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOSTOFF, RONALD  
6778 LOBLOLLY BAY RD SW  
LABELLE, FL 33935 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KOSTOFF, RONALD  
Address: 6778 LOBLOLLY BAY RD SW  
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM ( ) Delete  
Name: CARIERI, FRANK  
Address: 5491 SW 109 AVE  
City-St-Zip: FT LAUDERDALE, FL 33328 US

Title: MGRM ( ) Delete  
Name: CHRISTIE, RHETT  
Address: 460 NE 24 ST  
City-St-Zip: BOCA RATON, FL 33431 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD KOSTOFF

MGR

02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date