

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032319

Entity Name: SCHAKO LLC

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

7601 MAJESTIC PINE CT
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7601 MAJESTIC PINE CT
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-4720519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAKED, EDGAR
7601 MAJESTIC PINE CT
ORLANDO, FL 32819 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: MGRM () Delete
Name: SCHAKED, EDGAR
Address: 7601 MAJESTIC PINE CT
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: SCHAKED, BARUCH
Address: 3530 MYSTIC POINTE DR, #1401
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Delete
Name: SCHAKED, ADRIANA
Address: 3530 MYSTIC POINT DR, #1401
City-St-Zip: AVENTURA, FL 32819

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 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: EDGAR SCHAKED

MGRM

04/05/2007

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