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Jul 23, 2007 8:00 am
Secretary of State
05-16-2007 90173 047 ****50.00

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000093523

1. Entity Name
MANTURK, LLC

DO NOT WRITE IN THIS SPACE

30011963

CR2E083B (8/05)

2. Principal Place of Business		3. Mailing Address	
685 ROYAL PALM BEACH BLVD		P.OBOX 6681	
Suite, Apt. #, etc. SUITE. 205		Suite, Apt. #, etc. WEST PALM BEACH	
City & State ROYAL PALM BEACH F		City & State FLORIDA	
Zip 33411	Country FL.	Zip 33405	Country

4. FEI Number 83.0488373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	TURKMANY. RATEK	NAME	
STREET ADDRESS	P.O.BOX 6681, WEST PALM BEACH.	STREET ADDRESS	
CITY-ST-ZIP	FL. 33405	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______________________ 1-20-07 (561)7920279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #