

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90036 047 ****50.00

DOCUMENT # L06000094115

1. Entity Name
M.K. SURVEYING, LLC



Principal Place of Business
7523 ALOMA AVENUE, STE 208
WINTER PARK, FL 32792

Mailing Address
7523 ALOMA AVENUE, STE 208
WINTER PARK, FL 32792

40123154



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

3. Mailing Address

4960 N. Oak Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022007 Chg-LLC CR2E083 (12/06)

City & State

City & State

Winter Park, FL

4. FEL Number

20-5617129

Applied For

Not Applicable

Zip

Country

Zip

Country

32792

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

FRAZZITTA, NICHOLAS S
7523 ALOMA AVENUE, STE 208
WINTER PARK, FL 32792

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

Nicholas S. Frazzitta
Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

7-3-07

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FRAZZITTA, NICHOLAS S
STREET ADDRESS 3107 DENHAM CT.
CITY-ST-ZIP ORLANDO, FL 32825

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Nicholas S. Frazzitta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/3/07 (407) 671-7400
Date Daytime Phone #