

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103686

FILED
Jun 15, 2009
Secretary of State

Entity Name: LMK WEALTH MANAGEMENT LLC

Current Principal Place of Business:

759 SOUTH FEDERAL HIGHWAY
SUITE 301
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

759 SOUTH FEDERAL HIGHWAY
SUITE 301
STUART, FL 34994 US

New Mailing Address:

FEI Number: 42-1715728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEACH, KENNETH J
3281 SOUTH LOOKOUT BLVD.
PORT ST LUCIE, FL 34984 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: LEACH, KENNETH J
Address: 3281 SOUTH LOOKOUT BLVD.
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: MGRM () Delete
Name: MELENDY, MATTHEW J
Address: 8512 S.W. 10TH PLACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: MGRM () Delete
Name: SNYDER, AMIE L
Address: 362 NW STRATFORD LANE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MELENDY, MATTHEW J
Address: 151 GULFSTREAM DR
City-St-Zip: TEQUESTA, FL 33469 US

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: AMIE SNYDER

DIR

06/15/2009

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