

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105802

FILED
Jun 15, 2009
Secretary of State

Entity Name: TAWAKAL ENTERPRISE, LLC

Current Principal Place of Business:

344 SW 161 AVENUE
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

344 SW 161 AVENUE
PEMBROKE PINES, FL 33027 US

New Mailing Address:

668 NW 155 TR
PEMBROKE PINES, FL 33028 US

FEI Number: 20-5819064 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:

AHMED, JAMIL
344 SW 161 AVENUE
PEMBROKE PINES, FL 33027 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: AHMED, JAMIL
Address: 344 SW 161 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGR () Delete
Name: RAFIQ, WASEEM
Address: 344 SW 161 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGR () Delete
Name: RAFIQ, ANJUM
Address: 344 SW 161 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGR () Delete
Name: RAFIQ, ASIF
Address: 344 SW 161 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027 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:

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: ASIF RAFIQ

MGR

06/15/2009

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