

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90132 022 ***138.75

DOCUMENT # L07000012364

1. Entity Name
K-MAN INTERNATIONAL, LLC



Principal Place of Business
14959 SW 20 TERR
MIAMI, FL 33185

Mailing Address
14959 SW 20 TERR
MIAMI, FL 33185

60010205

2. Principal Place of Business - No P.O. Box #
3403 W Flagler St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02172008 Chg-LLC CR2E083 (12/06)



City & State
Miami FL
Zip 33135 Country

City & State
Zip Country

4. FEI Number
26-8370201
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAM CHIU, KIN MAN
14959 SW 20 TERR
MIAMI, FL 33185

7. Name and Address of New 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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAM CHIU, KIN MAN 14959 SW 20 TERR MIAMI, FL 33185	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHAN KUAN, IOK 14959 SW 20 TERR MIAMI, FL 33185	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 [Signature]