

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023306

Entity Name: DKNL ENTERPRISES, LLC

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

6526 STONEHURST CIRCLE
LAKE WORTH, FL 334677374 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 542293
GREENACRES, FL 334542293 US

New Mailing Address:

FEI Number: 20-8557826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERNANDEZ, DEBBIE S
6526 STONEHURST CIRCLE
LAKE WORTH, FL 334677374 US

Name and Address of New Registered Agent:

HERNANDEZ, KENNETH J
6526 STONEHURST CIRCLE
LAKE WORTH, FL 334677374 US

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: KENNETH J. HERNANDEZ

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERNANDEZ, DEBBIE S
Address: 6526 STONEHURST CIRCLE
City-St-Zip: LAKE WORTH, FL 334677374 US

Title: MGRM (X) Delete
Name: HERNANDEZ, KENNETH J
Address: 6526 STONEHURST CIRCLE
City-St-Zip: LAKE WORTH, FL 334677374 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, KENNETH J
Address: 6526 STONEHURST CIRCLE
City-St-Zip: LAKE WORTH, FL 334677374 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: KENNETH J. HERNANDEZ

MGRM

03/11/2009

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