

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90027 024 ***138.75

DOCUMENT # L07000056362

1. Entity Name
LOK RESIDUARY HOLDINGS, LLC



Principal Place of Business
1016 CLEARWATER PLAZA
WEST PALM BEACH, FL 33401

Mailing Address
1016 CLEARWATER PLAZA
WEST PALM BEACH, FL 33401

50005477

2. Principal Place of Business - No P.O. Box #
400 S. AUSTRALIAN AVE.

3. Mailing Address
400 S. AUSTRALIAN AVE.

Suite, Apt. #, etc.
#300

Suite, Apt. #, etc.
#300

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33401

Country
USA

Zip
33401

Country
USA



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-6094828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KOEPEL, JOEL P ESQ.
1016 CLEARWATER PLAZA
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name
JOEL P. KOEPEL
Street Address (P.O. Box Number is Not Acceptable)
400 S. AUSTRALIAN AVE
#300
City
WEST PALM BEACH FL Zip Code
33401

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 DATE 3/18/08

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOEL P. KOEPEL 3/18/08 (531) 659-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #