

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90053 008 ***143.75

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01032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000086872 1. Entity Name TKS-22 LLC					
Principal Place of Business 1831 SW 7TH AVE POMPANO BEACH, FL 33060			Mailing Address 1831 SW 7TH AVE POMPANO BEACH, FL 33060		
2. Principal Place of Business - No P.O. Box # 5485 Wilks Road		3. Mailing Address 5485 Wilks Road			
Suite, Apt. #, etc. Unit 404		Suite, Apt. #, etc. Unit 404			
City & State Coconut Creek FL		City & State Coconut Creek FL			
Zip 33073		Country BROWARD		Zip 33073	
Country BROWARD		4. FEI Number 26-0774095			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MICELI, LAWRENCE G 737 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name KARL SOBY Street Address (P.O. Box Number is Not Acceptable) 5485 Wilks Road Unit 404 City Coconut Creek FL Zip Code 33073		
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 1/9/08 <small>Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>					
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 STRICKER, TODD J 1831 SW 7TH AVE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stricker, Todd J 5485 Wilks Road Unit 404 Coconut Creek, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOBY, KARL F 1831 SW 7TH AVE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Soby, Karl F 5485 Wilks Road Unit 404 Coconut Creek, FL 33073 <input checked="" type="checkbox"/> Change <input 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	
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	
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:			1/9/08 954-783-0526		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					