

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020659

FILED  
Aug 08, 2009  
Secretary of State

Entity Name: THE MECKANIKS LLC.

**Current Principal Place of Business:**

6532 HARBOUR ROAD  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6532 HARBOUR ROAD  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 27-0699427      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

WATSON, DERON  
6532 HARBOUR ROAD  
NORTH LAUDERDALE, FL 33068      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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: ALEXDIOR, JAMES  
Address: 5400 NORTHWEST 57 STREET  
City-St-Zip: TAMARAC, FL 33319

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: WATSON, DERON  
Address: 6532 HARBOUR ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: MS ( ) Change (X) Addition  
Name: DOWELL, TININA  
Address: 6532 HARBOUR ROAD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: TININA DOWELL

MS

08/08/2009

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