

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057343

FILED  
Sep 01, 2009  
Secretary of State

Entity Name: SIAMESE MK LLC

**Current Principal Place of Business:**

1530 S.W. 191ST AVENUE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1530 S.W. 191ST AVENUE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 22-3980342      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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: BROKATE, KATHERYN  
Address: 1530 S.W. 191ST AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: CADENAS, MARIO  
Address: 1530 S.W. 191ST AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Delete  
Name: BROKATE, KATHERYN  
Address: 1530 S.W. 191ST AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: KATHERYN BROKATE

MGR

09/01/2009

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