

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061514

Entity Name: HKS GROUP LLC

FILED
Aug 21, 2009
Secretary of State

Current Principal Place of Business:

232 ANDALUSIA AVENUE, STE. 202
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

232 ANDALUSIA AVENUE, STE. 202
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-2868042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MARABOTTO & RODRIGUEZ LLC
232 ANDALUSIA AVENUE, STE. 202
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: RIFAI, HAZEM
Address: 232 ANDALUSIA AVENUE, STE. 202
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: PODLIPSKY, SAMUEL GELLER
Address: 232 ANDALUSIA AVENUE, STE. 202
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIFAI, HAZEM
Address: 777 NW 72 AVE #2BB20
City-St-Zip: MIAMI, FL 33126

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: HAZEM RIFAI

MNGR

08/21/2009

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