

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070973

Entity Name: MAK INTERNATIONAL, LLC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

4063 HARDIE RD
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

4063 HARDIE RD
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 26-3769953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPOTE, LISA
469 N PINE ISLAND RD #B-105
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: KRYCHOWECKY, MICHAEL A III
Address: 4063 HARDIE RD
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: ALLISON, STATTNER M
Address: 4063 HARDIE RD
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: CAPOTE, LISA
Address: 469 N PINE ISLAND RD #B-105
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

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

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

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: LISA CAPOTE

MGR

01/22/2009

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