

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000088039

**FILED**  
**May 12, 2011**  
**Secretary of State**

**Entity Name:** THE SANKIN FAMILY II, LLC

**Current Principal Place of Business:**

727 PINE LAKE DRIVE  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

727 PINE LAKE DRIVE  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 26-3381723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMON, LINDA K MRS.  
648 MANATEE BAY DRIVE  
DELRAY BEACH, FL 33445 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:** MGR  
**Name:** JEANNE SANKIN REVOCABLE TRUST  
**Address:** 727 PINE LAKE DRIVE  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** MGR  
**Name:** SANKIN, ANDREW  
**Address:** 727 PINE LAKE DRIVE  
**City-St-Zip:** DELRAY BEACH, FL 33445

I hereby 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:** JEANNE SANKIN, TTEE

PRES

05/12/2011

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