

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105693

FILED
Apr 24, 2009
Secretary of State

Entity Name: TATKEN, LLC

Current Principal Place of Business:

12598 CRYSTAL POINTE DRIVE
BOYNTON BEACH, FL 33427

New Principal Place of Business:

12598 CRYSTAL POINTE DRIVE
BOYNTON BEACH, FL 33427 US

Current Mailing Address:

12598 CRYSTAL POINTE DRIVE
BOYNTON BEACH, FL 33427

New Mailing Address:

12598 CRYSTAL POINTE DRIVE
BOYNTON BEACH, FL 33427 US

FEI Number: 26-3842980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TATKEN, GRETA
12598 CRYSTAL POINTE DRIVE
BOYNTON BEACH, FL 33437 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: TATKEN, GRETA
Address: 12598 CRYSTAL POINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM () Delete
Name: TATKEN, TODD
Address: 12598 CRYSTAL POINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TATKEN, GRETA
Address: 12598 CRYSTAL POINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM (X) Change () Addition
Name: TATKEN, TODD
Address: 12598 CRYSTAL POINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 US

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: GRETA TATKEN

MGRM

04/24/2009

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