

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008362

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** MEKHAEL INVESTMENTS, LLC

**Current Principal Place of Business:**

4120 SW 28TH PLACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

JOHN M. WICKER, P.A.  
PO DRAWER 60205  
FORT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 26-4158138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WICKER, JOHN M  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 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:** DPST  
**Name:** MEKHAEL, KAMAL  
**Address:** 4120 SW 28TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** MGRM  
**Name:** K & M MEKHAEL INSURANCE BROKERAGE  
**Address:** 1 WESTMOUNT SQUARE #1670  
**City-St-Zip:** WESTMOUNT, QC, CA H3Z 2P9

**Title:** MGRM  
**Name:** MEKHAEL, JOSEPH  
**Address:** 1 WESTMOUNT SQUARE #1670  
**City-St-Zip:** WESTMOUNT, QC, CA H3Z 2P9

**Title:** MGR  
**Name:** MEKHAEL, KAMAL  
**Address:** 4120 SW 28TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33914

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:** KAMAL MEKHAEL

DPST

02/23/2011

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