

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000111388

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Entity Name:** CKM BUSINESS SOLUTIONS LLC

**Current Principal Place of Business:**

1209 MYSTIC WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

10569 OAK MEADOW LANE  
LAKE WORTH, FL 33449

**Current Mailing Address:**

1209 MYSTIC WAY  
WELLINGTON, FL 33414

**New Mailing Address:**

10569 OAK MEADOW LANE  
LAKE WORTH, FL 33449

FEI Number: 27-1455419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRATALIA, KATHLEEN  
1209 MYSTIC WAY  
WELLINGTON, FL 33414 US

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

FRATALIA, KATHLEEN  
10569 OAK MEADOW LANE  
LAKE WORTH, FL 33449 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:

01/29/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FRATALIA, KATHLEEN  
Address: 10569 OAK MEADOW LANE  
City-St-Zip: LAKE WORTH, FL 33449

Title: MGRM  
Name: FRATALIA, CHRISTOPHER  
Address: 10569 OAK MEADOW LANE  
City-St-Zip: LAKE WORTH, FL 33449

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: KATHLEEN M. FRATALIA

MGRM

01/29/2011

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