

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000018945

Entity Name: 519 S. K STREET, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

519 S. K STREET  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 533  
MANCHESTER, MA 01944 US

**New Mailing Address:**

FEI Number: 27-1951130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZIKAKIS, SALOME  
307 SE 14TH STREET  
FORT LAUDERDALE, FL 33316 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  
Name: KOPPEL, DALE  
Address: P. O. BOX 533  
City-St-Zip: MANCHESTER, MA 01944 US

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: DALE KOPPEL

MGRM

04/25/2011

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