

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000001526**

1. Entity Name  
NYUK NYUK NYUK, L.C.



Principal Place of Business  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON, FL 33431

Mailing Address  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON, FL 33431



01092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0861825

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCIARRETTA, STEVEN A  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCIARRETTA, STEVEN A  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCIARRETTA, KIMBERLY  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/14/04-80015-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Steven Sciarretta*

1/12/04 521 368 7778

Date

Daytime Phone #