

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028029

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC7862663327**

**Entity Name:** N K LLC

**Current Principal Place of Business:**

9260,W INDIANTOWN ROAD  
B- 2&3  
JUPITER, FL 33478

**Current Mailing Address:**

9260,W INDIANTOWN ROAD  
B- 2&3  
JUPITER, FL 33478

**FEI Number:** 01-0811545

**Certificate of Status Desired:** No

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

PATHAK, NIRANJAN  
332, NW STRATFORD LANE  
PORT ST. LUCIE, FL 34983 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name PATEL, MAYUR J  
Address 190 BENT TREE DR  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGRM  
Name PATEL, AMIT R  
Address 11205 MARINA BAY RD.  
City-State-Zip: WELLINGTON GARDENS FL 33449

Title MGRM  
Name PATEL, ANSUABEN J  
Address 190 BENT TREE DR  
City-State-Zip: PALM BEACH GARDENS FL 33418

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAYUR PATEL

**PRES.**

**01/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date