

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000058850

**Entity Name:** STK PROPERTIES, LLC

**Current Principal Place of Business:**

8818 COMMODITY CIRCLE  
SUITE 42  
ORLANDO, FL 32819

**Current Mailing Address:**

8818 COMMODITY CIRCLE  
SUITE 42  
ORLANDO, FL 32819 US

**FEI Number:** 20-3007017

**Certificate of Status Desired:** No

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

LOAKNATH, KHUSHDYALL B  
8818 COMMODITY CIRCLE  
SUITE 42  
ORLANDO, FL 32819 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 MGRM  
Name KB LOAKNATH CPA PA  
Address 8818 COMMODITY CIRCLE  
SUITE 42  
City-State-Zip: ORLANDO FL 32819  
  
Title VICE PRESIDENT  
Name LOAKNATH, STEPHANIE INDIAN  
Address 8818 COMMODITY CIRCLE  
SUITE 42  
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT  
Name LOAKNATH, KHUSHDYALL  
Address 8818 COMMODITY CIRCLE  
SUITE 42  
City-State-Zip: ORLANDO FL 32819

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KHUSHDYALL LOAKNATH

**PRESIDENT**

**08/14/2018**

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

\_\_\_\_\_  
Date