

FILED
Jul 10, 2003 8:00 am
Secretary of State

05-05-2003 92182 016 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000029129					
1. Entity Name KARALI & COMPANY, LLC					
Principal Place of Business 102 PRINCEWOOD LANE PALM BEACH GARDENS, FL 33410 US			Mailing Address 102 PRINCEWOOD LANE PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 010757696	Applied For Not Applicable
5. Certificate of Status Desired ☐				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AGARWAL, NEERAJ 102 PRINCEWOOD LANE PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <u><i>Neeraj</i></u>			DATE <u>4/20/03</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)			DATE		
			Fee Paid		
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS/CHANGES	
☐ Delete				☐ Change ☒ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 806, Florida Statutes.					
SIGNATURE: <u><i>Neeraj</i></u>			DATE <u>4/20/03</u> <u>6616911197</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

55050771

☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)