


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90143 009 ****50.00

DOCUMENT # L05000070061			
1. Entity Name S. A. SIDDIQUI ENTERPRISES LLC			
Principal Place of Business 3840 BELFORT ROAD SUITE 302 JACKSONVILLE FL 32216		Mailing Address P.O. BOX 442067 JACKSONVILLE FL 32222	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0551414		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOTT, SARA W 4915 NW 43RD STREET GAINESVILLE FL 32608		Name Kayleigh Hill	
		Street Address (P.O. Box Number is Not Acceptable) 4827 Louisa Ter.	
		City Jacksonville	
		FL Zip Code 32205	
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 Kayleigh Hill		DATE 1/31/07	

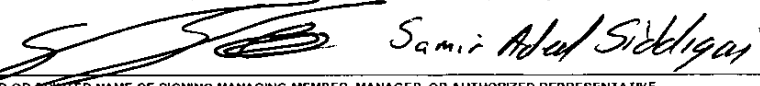


1st MOORE CR2E083 (10/06)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM SIDDIQUI, SAMIR A ESQ. 3840 BELFORT ROAD (SUITE 302) JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **Samir Adel Siddiqui** 01/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

~~60014192~~
#105000020061

S. A. Siddiqui Enterprises LLC
Samir Adeel Siddiqui, Managing Member
P.O. Box 442067
Jacksonville, Florida 32222-0034
1/31/07 1:15 PM

Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Florida 32314

To Whom It May Concern:

Please find enclosed with this cover letter the following items. A business check for \$50.00 directed to the Department of State for (duplicate remittal) payment of S. A. Siddiqui Enterprises LLC's 2007 annual report fee, a signed annual report indicating a new registered agent for S. A. Siddiqui Enterprises LLC, and copies of printouts from <http://www.sunbiz.org/> showing that the above payment was already made on behalf of the LLC!

Although we hereby pay the \$50.00 for the second (duplicate) time, we wonder why the State of Florida and the Division of Corporations has failed to notice that said payment was already made! We sincerely hope for a refund of (one) of our payment(s). Thanks!

Sincerely,



Samir Adeel Siddiqui
Managing Member
S. A. Siddiqui Enterprises LLC

ATTACHMENT

60014192
#105000670061

Online Payment System

PAYMENT RECEIPT	
Transaction Amount:	\$50.00
Email Address:	sasiddiqui@comcast.net
Date/Time Paid:	01/16/2007 10:51:09
Payment ID Number:	17848845
Reference Number:	200084594792
<p>Thank you for using the LINK2GOV Online Payment System. Print this receipt for your records.</p> <p>You MUST select continue in order to receive your CONFIRMATION from the State.</p>	

[Continue](#)

ms

ATTACHMENT

<https://fis.sunbiz.org/scripts/ubrfs.exe>

60014193



Division of Corporations

Annual Report

Document Number

L05000070061

Thank you for filing your Annual Report online. Your report filed date will be today's date if there are no processing errors.

Your confirmation number is **200084594792**.

Your charge amount is **50.00**.

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