2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000017330

1. Entity Name
AMERIDIAN HOLDINGS, LLC

Principal Place of Business	Mailing Address
12592 NW 53RD ST. CORAL SPRINGS, FL 33076	12592 NW 53RD ST. CORAL SPRINGS, FL 33076

DO NOT WRITE IN THIS SPACE

08102005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0085537

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LUKOSE, VINCENT
12592 NW 53RD ST.
CORAL SPRINGS, FL 33076

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

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LUKOSE, VINCENT
STREET ADDRESS	12592 NW 53RD ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	MGRM
NAME	GEORGE, KOSHY
STREET ADDRESS	3256 NW 123 AVE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	MGRM
NAME	PARAMBY, PAUL
STREET ADDRESS	9213 OZARK AVE
CITY-ST-ZIP	MORTON GROVE, IL 60053
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/19/05-80[illegible]-U15 55.00

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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 608, Florida Statutes.

SIGNATURE: Vincent Lukose VINCENT LUKOSE 8-15-05 954-752-5564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #