

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000046494

**Entity Name:** MERCHANT ENTERPRISES, LLC

**Current Principal Place of Business:**

425 SOUTH STREET  
804  
HONOLULU, HI 96813

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC9036162090**

**Current Mailing Address:**

425 SOUTH STREET  
804  
HONOLULU, HI 96813 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PATNI, FARZANA  
2055 SHAW LANE  
ORLANDO, FL 32814 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 MERCHANT, ALI Z  
Address 425 SOUTH STREET, APT 804  
City-State-Zip: HONOLULU HI 96813

Title OFF  
Name MERCHANT, FATEMA A  
Address 425 SOUTH STREET, APT 804  
City-State-Zip: HONOLULU HI 96813

Title MGR  
Name MERCHANT, JUZAR Z  
Address 1333 HEULU DRIVE, APT 806  
City-State-Zip: HONOLULU HI 96817

*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:** ALI MERCHANT

**MANAGER**

**04/30/2014**

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

\_\_\_\_\_  
Date