

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90147 016 ***150.00

DOCUMENT # L00000005109

1. Entity Name
RANCHHODJI, L.L.C.



Principal Place of Business

4530 EAST COLUMBUS DRIVE
TAMPA, FL 33605

Mailing Address

4530 EAST COLUMBUS DRIVE
TAMPA, FL 33605

24078935



07262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3645603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, PRAUAIH
4530 EAST COLUMBUS DRIVE
TAMPA, FL 33605

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PATEL, SATISHKUMAR
4530 EAST COLUMBUS DRIVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KUMAR, RAJESH
4530 EAST COLUMBUS DRIVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PATEL, DINESH
4530 EAST COLUMBUS DRIVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PATEL, PRAKASH
4530 EAST COLUMBUS DRIVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Patel P. v

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Aug. 03.04

Date

(813-621-4661)

Daytime Phone #