

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90140 048 \*\*\*\*\*50.00

**DOCUMENT # L00000008032**

1. Entity Name  
**SAYONA ENTERPRISES, L.L.C.**



Principal Place of Business  
**4800 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33614**

Mailing Address  
**4800 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33614**

11060700



**DO NOT WRITE IN THIS SPACE**

07112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3657630**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, BHARAT  
13426 SECOND AVENUE NE  
BRADENTON, FL 34202**

**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, RAJ  
6213 ASHFIELD PLACE  
WESLEY, CHAPEL, FL 33544**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PATEL, BHARAT  
13426 SECOND AVENUE NE  
BRADENTON, FL 34202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Raj Patel* *Patel Raj*

07/12/04

(813) 870-1330

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

Date

Daytime Phone #