

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-09-2004 90191 005 ****50.00

DOCUMENT # L00000009208

1. Entity Name

SIDMOM INTERNATIONAL ENTERPRISES, L.L.C.



Principal Place of Business

3199 BEARCLAN WAY
KISSIMMEE FL 34746

Mailing Address

3199 BEARCLAW WAY
KISSIMMEE FL 34746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number
59-3662887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAHOR, AKHTAR
3199 BEARCLAW WAY
KISSIMMEE FL 34746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
AKHTAR, ZAHOR ☐ Delete
STREET ADDRESS
8702 BRISTOL PARK DR
CITY-ST-ZIP
ORLANDO FL 32836

TITLE
NAME
3199 BEARCLAW WAY ☒ Change ☐ Addition
STREET ADDRESS
KISSIMMEE FL 34746
CITY-ST-ZIP

TITLE
NAME
MGRM
AKHTAR, RAANA ZAHOR ☐ Delete
STREET ADDRESS
8702 BRISTOL PARK DR
CITY-ST-ZIP
ORLANDO FL 32836

TITLE
NAME
3199 BEARCLAW WAY ☒ Change ☐ Addition
STREET ADDRESS
KISSIMMEE FL 34746
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Change ☐ Addition
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TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Zahor AH* ZAHOR AKHTAR

02-03-04 4073018170

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

Date

Daytime Phone #