2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010799

1. Entity Name

APEKSHA, L.L.C.

Principal Place of Business	Mailing Address
17224 SW 12TH STREET	17224 SW 12TH STREET
PEMBROKE PINES FL 33029	PEMBROKE PINES FL 33029

FILED

01 MAY -1 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number
59-3709713

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

Name

PATEL, VYOMESH

17224 SW 12TH STREET

PEMBROKE PINES FL 33029

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.

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 Department of State

9.	MANAGING MEMBERS / MEMBERS		10.		ADDITIONS / CHANGES
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PATEL, VYOMESH		NAME		20000427415-8
STREET ADDRESS	17224 SW 12TH STREET		STREET ADDRESS		05/21701-01145-006
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP		*****50.00 *****50.00
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

4-28-01 (954) 442-0704