2001 UNIFORM BUS	INESS REPO	RT (UBR)	_
DOCUMENT # L000000	L6121	~5 •*	FILED :
IMPORT ONE, L.L.C.		•	01 MAY -7 PM 3: 09
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
11134 SATELLITE F	SLVD		IALLAHASSEE, FLORIDA
ORLANDO FL-3283			
2. Principal Place of Business	3. Mailing Address		- .
Suite, Apt. #, etc.	Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State	_ 	4. FEI Number Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired 5. Certificate of Status Desired 5.00 Additional
6. Name and Address of Curren	t Penistered Agent		7. Name and Address of New Registered Agent
		Name	7. Name and Address of New Registered Agent
Munquarali G 11134 SATELLITE	Bhimani	Street Address	s (P.O. Box Number is Not Acceptable)
11134 SATELLITE	BLUD,	 	
ORLANDO FL-	32837.	City	FL Zip Code
8. The above named entity submits this statement	or the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida.
SIGNATURE MENORUS Ble	maui		·
Signature, typed or printed fairfie of registered ager	it and little if applicable. (NOTE: F	Registered Agent signature requir	red when reinstating) DATE
		W!!I FEE IS \$50.00 able to Department	
		a	1
9. MANAGING MEMI	BERS/MEMBERS Delete	10.	ADDITIONS/CHANGES Change Addition
NAME OUNDOWN OR OLL	~	NAME	
CITY-ST-ZIP 814 N FORREST A	12HIMANI	STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	1000043416717
TITLE NAME	L_l Delete	TITLE	1000043416717 -06/05/0101055ang-00-Addition ******50.00 ******50.00
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	東京本本では0,000
TITLE	Delete	TITLE	☐ Change ☐ Additio
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE	☐ Change ☐ Additio
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP TITLE	□ Aba □ 1/2/2
NAME *	Detete	NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the receiver or truste	i that my signature shall have the	e same legal effect as if i	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the pter 608, Florida Statutes.
$\Omega\Omega$	of-	, -, - · · - r	
SIGNATURE: V WOOWES	Shumauu DF signing managing member, manag	SER, OR AUTHORIZED REPRES	4/27/01 SENTATIVE Date Dayume Phone *