

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90095 007 \*\*\*\*50.00

**DOCUMENT # L01000002385**

1. Entity Name

**GROW WITH US MANAGEMENT, L.L.C.**



Principal Place of Business

**1185 MALABAR ROAD  
PALM BAY FL 32907  
US**

Mailing Address

**1185 MALABAR ROAD  
PALM BAY FL 32907  
US**

**20014344**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1185 MALABAR ROAD**

3. Mailing Address

**1185 MALABAR RD**

Suite, Apt. #, etc.

**PALM BAY**

Suite, Apt. #, etc.

City & State

**PALM BAY FL**

City & State

**PALM BAY FL**

Zip

**32907**

Country

**USA**

Zip

**32907**

Country

**USA**

4. FEI Number

**59-3702401**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GANDHI, ANUJ  
1412 HARVARD CIR #2  
MELBOURNE FL 32905**

7. Name and Address of New Registered Agent

Name **GANDHI ANUJ**

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

**1725 LAS PALMOS DR SW**

City

**PALM BAY**

**FL**

Zip Code

**32909**

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **PT**  
STREET ADDRESS **GANDHI, KIRIT**  
CITY-ST-ZIP **1412 HARVARD CIR #2  
MELBOURNE FL 32905**

TITLE ☐ Delete  
NAME **PT**  
STREET ADDRESS **GANDHI, KALPANA**  
CITY-ST-ZIP **1412 HARVARD CIR #2  
MELBOURNE FL 32905**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **No change**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

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

Date

Daytime Phone #

**SIGNATURE: ANUJ GANDHI 01/17/03 321-956 6447**

CR2E083 (10/02)