

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90007 025 ****50.00

DOCUMENT # L01000006305

1. Entity Name

ELGITREAD (USA) LLC



Principal Place of Business

1200 N. ELLIS ROAD
JACKSONVILLE FL 32254

Mailing Address

1200 N. ELLIS ROAD
JACKSONVILLE FL 32254

2. Principal Place of Business

7037 Common Health Avenue

3. Mailing Address

7037 Common Health Ave

Suite, Apt. #, etc.

8B

Suite, Apt. #, etc.

8B

City & State

Jacksonville FLORIDA

City & State

Jacksonville FLORIDA.

Zip

322 20

Country

USA

Zip

322 20

Country

USA.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3716740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, MATHENY & EAGAN, P.A.
801 NORTH MAGNOLIA AVE., SUITE 201
ORLANDO FL 32803

7. Name and Address of New Registered Agent

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME VARADARAJ, SUDARSAN
STREET ADDRESS 1200 N. ELLIS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR M
NAME VARADARAJ, SUDARSAN
STREET ADDRESS 1200 N. ELLIS RD. 7037 Common Health Ave
CITY-ST-ZIP JACKSONVILLE FL 32254 32220 ☒ Change ☐ Addition

TITLE MGR
NAME JOHN R JOSEPH
STREET ADDRESS 1200 N. ELLIS RD. 7037 Common Health Ave
CITY-ST-ZIP JACKSONVILLE FL 32254 32220 ☐ Change ☒ Addition

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

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

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

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

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
SIGNATURE REQUIRED

04/03/03.

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

Date

Daytime Phone #

CR2E083 (10/02)