

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90073 022 ****50.00

DOCUMENT # L01000010123

1. Entity Name

HERMITAGE FOURS, LLC

Principal Place of Business

707 NORTH FRANKLIN STREET, FOURTH FLOOR
 TAMPA FL 33602

Mailing Address

707 NORTH FRANKLIN STREET, FOURTH FLOOR
 TAMPA FL 33602

937480

2. Principal Place of Business

219 MONASTERY COURT
 Suite, Apt. #, etc.

3. Mailing Address

4112 IMPERIAL EAGLE DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VALRICO, FL

City & State

VALRICO, FL

4. FEI Number

59-3727940

Applied For

Not Applicable

Zip

33594

Country

U.S.A.

Zip

33594

Country

U.S.A.

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLUCKMAN, JEREMY E P.A.
 707 NORTH FRANKLIN STREET, FOURTH FLOOR
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name SABU ILLIKAL

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

4112 IMPERIAL EAGLE DR.

City VALRICO

FL

Zip Code 33594

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

SABU ILLIKAL (Director) 4/1/02

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	D	<input type="checkbox"/> Delete
NAME	SABU ILLIKAL	
STREET ADDRESS	4112 IMPERIAL EAGLE DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES MACHATHIL	
STREET ADDRESS	195 PILGRIM LOOP	
CITY-ST-ZIP	FREMONT, CA 94539	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOY THEKEL	
STREET ADDRESS	3807 MALLARD LN	
CITY-ST-ZIP	NAPERVILLE, IL 60564	
TITLE	S	<input type="checkbox"/> Delete
NAME	BIJI MATHEW	
STREET ADDRESS	6240 N.W. 35TH DR	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SABU ILLIKAL

4/1/02 (813) 689-5494

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

Date

Daytime Phone #

CR2E083 (9/01)