2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010123

1. Entity Name

HERMITAGE FOURS,LLC



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90009 022 ****50.00

| Principal Pla | ice of Business | Mailing A | ddress | | | | | | | |
|---|---|---------------------------------------|---|---------------------------------------|---------------|------------------------------|-----------------------|------------------------|--|-----------------------------|
| 219 MONASTERY COURT VALRICO FL 33594 | | 4112 IMPER | 4112 IMPERIAL EAGLE DR. VALRICO FL 33594 | | | | | | | |
| | | | | | 1 | | | | 2 42 2 1 1 | |
| 2. Principal | Place of Business | 3. Mailing | 3. Mailing Address | | | | | | | |
| Suite, Apt | t. #, etc. | Suite, A | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & Sta | ite | City & St | City & State | | | 4. FEI Number | 59-37279 | 40 | | pplied For lot Applicabl |
| Zip | Country | Zip | | Country | | 5. Certificate of | of Status Desired | | \$5.00 Ac | ditional |
| | 6. Name and Address of | of Current Registered A | jent | | | 7. Name and | Address of New I | | | |
| 1111 | KAL, SABU | | | Name | • | | | | | |
| 411 | 2 IMPERIAL EAGLE DR. .RICO FL 33594 | | | | Address (P. | O. Box Number | is Not Acceptable | e) | - | · |
| VAL | .NICO FE 33394 | | | | | | | | | |
| | | | | City | | | | FL | Zip Cod | |
| 8. The above | e named entity submits this sta | atement for the purpose of | of changing its reg | istered office o | r registered | d agent, or both | , in the State of Flo | orida. I am f | amiliar with | and accept |
| u ie opiigai | tions of registered agent. | | _ | | | | | | | |
| SIGNATURE | Signature, typed or printed name of reg | istered agent and title if applicable | (NOTE: Per | gistered Agent signa | ture required | han rainetation | | | ** | |
| | | | | | | men remstating) | | DATE | - | |
| | | Make C | | '!!! FEE IS 9 | | -4 Ct-t- | | | | |
| | | wane C | heck Payable to Due B | о гюнда De у Мау 1, 200 | | or State | | | | |
| 9. | MANAGIN | G MEMBERS/MANAGER | | 10. | | | ADDITIONS | CUANCES | | |
| TITLE | D | | ☐ Delete | TITLE | | | ADDITIONS | CHANGES | ☐ Change | Addition |
| NAME | ILLIKAL, SABU | | | NAME | } | \ | | | □ Change | L AUUIIION |
| STREET ADDRESS | 4112 IMPERIAL EAGLE | DR | | STREET ADDRESS | | · | | | | |
| C/TY-ST-ZIP | VALRICO FL 33594 | | | CITY-ST-ZIP | <u> </u> | | | | | |
| TITLE NAME | MACHATHIL, JAMES | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | 195 PILGRIMLOOP | • | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | FREMONT CA 94539 | | ł | CITY-ST-ZIP | | | | | | |
| ITLE | \$ | | Delete | TITLE | | | | | Change - | - Addition |
| IAME | THEKEL, JOY | | | NAME | | | | | | Audition |
| STREET ADDRESS CITY-ST-ZIP | 3807 MALLARD LN | | | STREET ADDRESS | | | | | | |
| | NAPERVILLE IL 60564 S | | | CITY-ST-ZIP | | <u></u> . | | | | |
| ITLE IAME | 5 Biji, mathew | [| Delete | TITLE | | | | | Change | Addition |
| TREET ADDRESS | 6240 N.W. 35TH DR | | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | | ľ | CITY-ST-ZIP | 1 | | | | | |
| ITLE | | | ☐ Delete | TITLE | - | | | | ☐ Change | ☐ Addition |
| AME | | | | NAME | | | | | Change | L Addition |
| TREET ADDRESS | | | | STREET ADDRESS | | | | | | |
| ITY-ST-ZIP | N= | | | CITY-ST-ZIP | | | <u></u> | | | |
| ITLE | | | | TITLE | | | | | ☐ Change | Addition |
| AME Treet adoress | | | | NAME CAREET ARROSCO | | | | | | |
| ITY-ST-ZIP | | | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| | ertify that the information supp | nlied with this filing do | | | adic C | 440 03(5)(0) | FI 11 2: | | | |
| - FOREDY O | viving maximic inflormation SUDI | DIICU WILL LIIS IIIIND OORS. | not auality for the i | evametian etat | ed in Sectio | on 110 (17/21/11 | Elorido Ctotutos II | والمساسات والمساهدونية | Constant of the control of the contr | |

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 REQUIRED

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

Date

Daytime Phone #