

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90009 022 ****50.00

DOCUMENT # L01000010123

1. Entity Name
HERMITAGE FOURS,LLC



Principal Place of Business

**219 MONASTERY COURT
VALRICO FL 33594**

Mailing Address

**4112 IMPERIAL EAGLE DR.
VALRICO FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3727940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ILLIKAL, SABU
4112 IMPERIAL EAGLE DR.
VALRICO FL 33594**

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

10. ADDITIONS/CHANGES

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

CR2E083 (10/02)

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 REQUIRED**

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

Date

Daytime Phone #