

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90088 039 \*\*\*\*50.00

0077362

**DOCUMENT # L01000010865**

1. Entity Name

**VEDA, LLC**



Principal Place of Business

**1660 S. TAMiami TAIL  
OSPNEY FL 34229**

Mailing Address

**1660 S. TAMiami TAIL  
OSPNEY FL 34229**

2. Principal Place of Business

**1660 S. TAMiami TR OSPNEY FL 34229**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1120433**

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**

**PATEL, NILESM  
115 S. WILLOW AVENUE  
TAMPA FL 33606**

**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	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>GADWIA, PRAVIN</b>	
STREET ADDRESS	<b>1660 S. TAMiami TAIL</b>	
CITY-ST-ZIP	<b>OSPNEY FL 34229</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, JAYESM</b>	
STREET ADDRESS	<b>1660 S. TAMiami TAIL</b>	
CITY-ST-ZIP	<b>OSPNEY FL 34229</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, RAVINDRA</b>	
STREET ADDRESS	<b>1660 S. TAMiami TAIL</b>	
CITY-ST-ZIP	<b>OSPNEY FL 34229</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

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:**

**SIGNATURE**

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

Date

Daytime Phone #

**4/28/03 966-2121**

CR2E083 (10/02)