

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90173 015 ****50.00

DOCUMENT # L01000011018

1. Entity Name

I - SONALMA, L.L.C.

Principal Place of Business

5850 CYPRESS GARDEN BLVD., APT 402
WINTER HAVEN FL 33884

Mailing Address

5850 CYPRESS GARDEN BLVD., APT 402
WINTER HAVEN FL 33884

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3729-788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GANDHI, SHILPA
5850 CYPRESS GARDEN BLVD., APT #402
WINTER HAVEN FL 33884

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PATEL, ANANT
STREET ADDRESS 5850 CYPRESS GARDEN BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE MGRM ☐ Delete
NAME PATEL, MAHENDRA
STREET ADDRESS 5850 CYPRESS GARDEN BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE MGRM ☐ Delete
NAME PATEL, RAAHUL
STREET ADDRESS 5850 CYPRESS GARDEN BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE MGRM ☐ Delete
NAME PATEL, PRAFUL
STREET ADDRESS 5850 CYPRESS GARDEN BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE MGRM ☐ Delete
NAME V A S S INVESTMENTS, LL
STREET ADDRESS 5850 CYPRESS GARDEN BLVD., APT. 402
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-28-02

727-942-6212

CR2E083 (9/01)