

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90018 005 \*\*\*\*50.00

DOCUMENT # L01000011018

1. Entity Name

I - SONALMA, L.L.C.



Principal Place of Business  
BEVERAGE EXPRESS  
4930 MOOG RD.  
HOLIDAY FL 34690

Mailing Address  
BEVERAGE EXPRESS  
4930 MOOG RD.  
HOLIDAY FL 34690



2. Principal Place of Business

*Best Western Summer Vest*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

*Wesley Chapel, FL*

City & State

4. FEI Number

59-3729788

Applied For

Not Applicable

Zip

*33543*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANANT PATEL  
401 KNIGHT OR.  
TARPON SPRINGS FL 34688

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, 2005**

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 17314 EMERALD CHASE DR.,  
CITY-ST-ZIP TAMPA FL 33647

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:

*Anant Patel*  
ANANT PATEL

4/10/05

727 744 2379

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

Date

Daytime Phone #