

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90003 023 \*\*\*\*50.00

**DOCUMENT # L01000014071**

1. Entity Name

**KILLIRI TAX SERVICES, L.L.C.**



Principal Place of Business

**964 WELLINGTON AVENUE  
OVIEDO FL 32765**

Mailing Address

**964 WELLINGTON AVENUE  
OVIEDO FL 32765**

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 **59-3736932**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KILLIRI, RENEE L  
1103 WEST RIVIERA BLVD.  
OVIEDO FL 32765**

Name

**Killiri, Renee L.**

Street Address (P.O. Box Number is Not Acceptable)

**964 Wellington Ave**

City

**Oviedo**

FL

Zip Code

**32765**

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

*Renee L Killiri*

**2-18-03**

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

**MGRM  
KILLIRI, ANTHONY R JR  
1103 W. RIVIERA BLVD  
OVIEDO FL 32765**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**964 Wellington Ave**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
KILLIRI, RENEE L  
1103 W. RIVIERA BLVD  
OVIEDO FL 32765**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**964 Wellington Ave**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Renee L Killiri*

**2/18/03**

**407.222.8339**

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

Date

Daytime Phone #

CR2E083 (10/02)