

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014599

1. Entry Name
TUDJA & KAIVAL, LLC



Principal Place of Business
1100 S. RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114

Mailing Address
1100 S. RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3740555

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, HARESH M
1100 S. RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114

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IN THIS SPACE**

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 _____

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRS
PATEL, PRAVIN M
1100 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PATEL, SANAT A
1100 S. RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PATEL, HARESH M
1100 S. RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PATEL, MAHENDRA M
1100 S. RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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07/09/04-80001-010 50.00

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 808, Florida Statutes.

SIGNATURE

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

Date

Daytime Phone #