

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90077 047 ****50.00

DOCUMENT # L01000014599

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006 Chg-LLC CR2E083 (11/05)

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

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE P ☐ Delete
NAME PATEL, SANAT A
STREET ADDRESS 11008 S. RIDGEWOOD AVE
CITY-ST-ZIP DAYTONA BEACH, FL 32114

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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NAME
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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 exemptions contained in Chapter 119, 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:

Sanat A Patel

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

4-1-06 3K-200-7000

Date

Daytime Phone #