2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016024

1. Entity Name

SANCHI, L.L.C.



Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90066 029 ****50.00

FILED

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S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, AJAY 122 COWRY ROAD ST. AUGUSTINE FI. 32086 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered Agent. FILE NOW!!! FEE IS \$50.00 STATE ADDITIONS (CHANCES) ITTLE MARCH MGRM PATEL, AIAY 123 COWRY ROAD 1017-51-2P THE NOWE. MARCH MGRM PATEL AIAY 124 COWRY ROAD 1017-51-2P THE NOWE. STATE ADDITIONS (CHANCES) 1017-51-2P THE NOWE. STATE ADDITIONS (CHANCES) 1017-51-2P THE NOWE. STATE ADDITIONS (CHANCES) 1017-51-2P THE NOWE. STA	City & State		City & State	City & State		74-3057868			
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Site Address (P.O. Box Number is Not Acceptables) Street Address (P.O. Box Number is Not Acceptables) City FL Zip Code City FL Zip Code City FL Zip Code 6. 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, speed or oriented name of registered agent and the of applicable. PARE ADDRESS OF STATE ADDRESS	-	6. Name and Address of Curre	iit negistered Agent	Name					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synature, typed or privated name of registered agent and title if explication. PILE NOW!!! FEE IS \$50.00 *Make Check Payable to Fiorida Department of State Due By May 1, 2003 10. ADDITIONS/CHANGES TITLE MARM AMAE STREET ADDRESS CITY-ST-2P TITLE MARM PATEL, LAY PATEL, ASPETAL STREET ADDRESS CITY-ST-2P TITLE MARM PATEL, SHEETAL STREET ADDRESS CITY-ST-2P TITLE MARM PATEL, SHEETAL STREET ADDRESS CITY-ST-2P TITLE MARM STREET ADDRESS	123 (COWRY ROAD		Street Addres	s (P.O. Box Numbe	r is Not Acceptable)			
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11. Thereby certify that the information supplied with this filing dees not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	0111-01-4IF	partify that the information counciled	with this filing decembouralife		n Section 119.07(3)	(i), Florida Statutes. I	further cer	ify 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 manage limited liability company or the receiver or true ee emouvered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #