

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90300 031 ****50.00

DOCUMENT # L01000016449

1. Entity Name

PRITIKA, L.L.C.



Principal Place of Business

201 WARBLER RD
ST AUGUSTINE FL 32086

Mailing Address

201 WARBLER RD
ST AUGUSTINE FL 32086



2. Principal Place of Business

809 GARRISON DR

3. Mailing Address

809 GARRISON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

ST AUGUSTINE FL

City & State

ST AUGUSTINE FL

4. FEI Number

80-0033292

Applied For

Not Applicable

Zip

32092

Country

USA

Zip

32092

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, MILAN D
201 WARBLER RD
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name **PATEL MILAN D**

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

809 GARRISON DR

City **ST AUGUSTINE**

FL

Zip Code **32092**

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

Milan Patel

MILAN D. PATEL MGRM

3-28-06

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PATEL, MILAN D
STREET ADDRESS 201 WARBLER RD
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE MGRM ☐ Delete
NAME PATEL, RIPA M
STREET ADDRESS 201 WARBLER RD
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME PATEL, MILAN D
STREET ADDRESS 809 GARRISON DR
CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE MGRM ☒ Change ☐ Addition
NAME PATEL, RIPA M
STREET ADDRESS 809 GARRISON DR
CITY-ST-ZIP ST AUGUSTINE FL 32092

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 exemptions contained in Section 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:

Milan Patel

MILAN D. PATEL MGRM

3-28-06

904-230-6059

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

Date

Daytime Phone #