

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90007 026 ****50.00

DOCUMENT # L01000021244

1. Entity Name

GRANSHAW, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6205 LAKE WILSON RD

Suite, Apt. #, etc.

City & State

DAVENPORT FL

Zip

33837

Country

3. Mailing Address

3354 MISSION LAKE DR

Suite, Apt. #, etc.

APT # 357

City & State

ORLANDO FL

Zip

32817

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3760361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name SUDHA PATEL

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

3354 MISSION LAKE DR, # 357

City ORLANDO

FL

Zip Code

32817

**DO NOT WRITE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MEMBER
NAME JITENDRA PATEL
STREET ADDRESS 3354 MISSION LAKE DR, #357
CITY-ST-ZIP ORLANDO, FL 32817

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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: 

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

Date

Daytime Phone #

4/18/02

CR2E083B (12/01)