

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

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90041 046 ****50.00

DOCUMENT # L01000021992

1. Entity Name

ALANKAR, L.L.C.

DO NOT WRITE IN THIS SPACE

825004

2. Principal Place of Business

3. Mailing Address

HILLTOP FOOD MKT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

615 W. DAUGHTERY RD

615 W. DAUGHTERY RD

City & State

City & State

LAKELAND FL

LAKELAND FL

Zip

Country

Zip

Country

33809

POLK

33809

POLK

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3760783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATEL, YOGESH R

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

615 W. DAUGHTERY RD

City

LAKELAND

FL

Zip Code

33809

**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

PATEL - YOGESH PATEL -

2-18-02

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOGESH R. PATEL 615 W. DAUGHTERY RD LAKELAND FL 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL ANILESH R 615 W. DAUGHTERY RD LAKELAND FL 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

PATEL - YOGESH PATEL - MGRM - 2-18-02 - 863-858-3635

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

Date

Daytime Phone #

CR2E083B (12/01)