2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008517

1. Entity Name

TENNESSEE INVESTMENTS, LLC



Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90775 001 ***300.00

			V		55				
Principal Place of Business 2359 BEVILLE ROAD DAYTONA BEACH FL 32119		Mailing Address 2359 BEVILLE ROAD DAYTONA BEACH FL 3	-						
	<u> </u>								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				[
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Nur	04-3667954		Applied For	-
Zip	Country	Zip	Country		5. Certific	ate of Status Desired	\$5.00 A	dditional	1
6	. Name and Address of Cur	rent Registered Agent		·	7. Name a	nd Address of New Registe	<u></u>	<u> </u>	1
HOSSEI	NI-KARGAR, MORTEZA			Name					
2359 BE	EVILLE ROAD IA BEACH FL 32119		Street Address		ress (P.O. Box Nur	(P.O. Box Number is Not Acceptable)			
0.111.011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-						
				City			FL Zip Co	de	1
	ed entity submits this stateme of registered agent.	ent for the purpose of changing	its registere	d office or re	gistered agent, or	both, in the State of Florida. I	l am familiar with	, and accept	
SIGNATURE Signa	ture, typed or printed name of registered	agent and title it applicable. (I	NOTE: Registered	Agent signature i	required when reinstating)	D	ATE		
		Make Check Pay	NOW!!! F able to Flo Due By Ma	rida Depa					7
9.	MANAGING ME	MBERS/MANAGERS	10.			ADDITIONS/CHAN	IGES		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS 2	2359 Bevil	M ☐ Change ☑ Ad seini-Kargar, Morteza 9 Beville Road tona Beach, FL 32119		⊠ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			<u>Jay Cona Be</u>	ach, Th Jelly	☐ Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	y that the information supplied	with this filing does not qualify	CITY-S	T ADDRESS ST-ZIP	in Section 119.07	3)(i) Florida Statutas I furtho	Change	Addition	

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. 4-18-03

SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Morteza Hosseini-Kargar Managing Member

Date

(386) 788-0820

Daytime Phone #