2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200008556

1. Entity Name X5, LLC



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90056 037 ****55.00

Principal Plac	e of Business	Mailing Address								
5 N. BELCHER ROAD		25 N. BELCHER ROAD						0.00	10001	
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CLEARWATER FL 33765		CLEARWATER FL 33765					OU DAN BOULD HE	II 11 114 D 1 84 11 44 C	ING ANGENERALI	11111 1111 1111
2. Principal P	lace of Business	3. Mailing Address								
2701 E.	GRAND RESERVE CIR.						0)) USI WUSIW 1)U	 	M351 9050 10103 3170	
Suite, Apt.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
	521	P.O. BOX. 4667			GOLLON FILLE II MANING GIANGES					
City & Stat	_	City & State				4. FEI Num				Applied For
	MATER, FL	CLEARLA				04	364209		Not Applicable	
Zip Country USA				ountry USA:		5. Certifica	te of Status	Desired 🔄	\$5.00 A	
حد		6 433758	<u> 02</u>					Fee Required		
	6. Name and Address of Current F	Name				7. Name and Address of New Registered Agent				
CHE	REDDY, RAMAMOHAN	RAMA				MOHAN CHEREDDY				
	i.Belcher road	Street Address			ddress (F	P.O. Box Number is Not Acceptable)				
K-20	0	2701 E.G			ا (ی)۔ ط	RAND RESERVE CIR.				
CLE	ARWATER FL 33765	#1521			21	;				
		City				ARWATER FL Zip Code 33759				
R The above	named entity submits this statement for	the purpose of changing its re	anister	ed office o		ARWATE		tate of Florida		
	ions of registered agent.	me barbose or crianging its in	-giateli	sa onice o	register	ou ayelit, Uf L	.o.u., iii iiie o	iais of Florida,	r carringur Hildu Willi	i, and accept
	Kan.							01	15/2003	<u>į</u>
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registere	d Agent signat	ure required	when reinstating)			DATE	-
		EILE NO	W111 1	EEE 10 6	50.00					-
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State										
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9.	MANAGING MEMBERS / MANAGERS MGRM		-	10.		0.4	AD	DITIONS/CHAN		
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NAME STREET ADDRESS	25 N. BELCHER ROAD, K-200								CIR. #	1591
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			<u> </u>	-ST-ZIP						
 hereby c indicated 	ertify that the information supplied with t on this report is true and accurate and the	his filing does not qualify for the nat my signature shall have th	he exel e sama	nption state	ed in Sec	ction 119.07(3 ade under oat	l)(i), Florida (Statutes. I furthe	er certify that the	information
limited liai	pility company or the receiver or trustee	mpowered to execute this re	port as	required t	y Chapte	er 608, Florida	Statutes.	= ///a//aging ///		