

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90099 019 \*\*\*\*50.00

**DOCUMENT # L02000010726**

1. Entity Name

**SHELDON OF PLANT CITY LLC**



Principal Place of Business

2003 SOUTH FRONTAGE RD  
PLANT CITY FL 33566

Mailing Address

2003 SOUTH FRONTAGE RD  
PLANT CITY FL 33566

2. Principal Place of Business

3. Mailing Address

**4717 RUE BORDEAUX**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LUTZ FL**

Zip

Country

Zip

Country

**33558**

**USA**

4. FEI Number

**33-1004757**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, SHEILA**  
**4717 RUE BORDEAUX**  
**LUTZ FL 33558**

Name

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

City

**FL**

Zip Code

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 *Sheila Patel* **SHEILA PATEL**

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

(NOTE: Registered Agent signature required when reinstating)

**02-18-04**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **PATEL, RAJINDRA**  
STREET ADDRESS **4717 RUE BORDEAUX**  
CITY-ST-ZIP **LUTZ FL 33558**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **PATEL, SHEILA**  
STREET ADDRESS **4717 RUE BORDEAUX**  
CITY-ST-ZIP **LUTZ FL 33558**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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: *Sheila Patel* **SHEILA PATEL**

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

**02-18-04 813-376-3114**

Date

Daytime Phone #