

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90022 050 ****50.00

DOCUMENT # L02000018022

1. Entity Name

SARRK HCX OF TAMPA BAY L.L.C.



Principal Place of Business

**18305 WAYBURNE AVE
TAMPA, FL 33647**

Mailing Address

**10549 VILLA VIEW CIRCLE
TAMPA, FL 33647**

24064901



2. Principal Place of Business

18305 WEYBURNE AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-LLC

CR2E083 (10/03)

City & State

TAMPA, FLORIDA

City & State

4. FEI Number

02-0633190

Applied For

Not Applicable

Zip

33647

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, NILESH M
115 SOUTH WILLOW AVE.
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	ARTHUR INVESTMENTS LIMITED	
STREET ADDRESS	P.O. BOX 903 ROAD TOWN, TORTOLA	
CITY-ST-ZIP	BRITISH VIRGIN ISLANDS,	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PATEL, NILESH M	
STREET ADDRESS	319 BRENTWOOD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PATEL, SARJU R	
STREET ADDRESS	18305 WEYBURNE AVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARRK MANAGEMENT,	
STREET ADDRESS	18305 WEYBURNE AVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

04/05/04

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

Date

Daytime Phone #