

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90017 027 \*\*\*\*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  
18305 WAYBURNE AVE  
TAMPA, FL 33647

20056098



2. Principal Place of Business  
18305 Wayburne Ave

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
TAMPA, FL

Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State

Zip  
33647

Country  
USA

Zip

Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
02-0633190

Applied For  
Not Applicable

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, 2005**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SARRK MANAGEMENT  
STREET ADDRESS 18305 WEYBURNE AVE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE MGRM ☐ Delete  
NAME PATEL, NILESH M  
STREET ADDRESS 319 BRENTWOOD DRIVE  
CITY-ST-ZIP TAMPA, FL 33617

TITLE MGRM ☐ Delete  
NAME PATEL, SARJU R  
STREET ADDRESS 18305 WEYBURNE AVE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME SARRK MANAGEMENT  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: \_\_\_\_\_

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

SARJU R. PATEL

Date

04/26/05

Daytime Phone #

813-283-0065

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