

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2003 8:00 am
Secretary of State

07-24-2003 90064 012 ****50.00

DOCUMENT # L02000027141

1. Entity Name

ARMANY CONSULTING, LLC



Principal Place of Business
10023 BELLE RIVE BLVD. #608
JACKSONVILLE FL 32256

Mailing Address
10023 BELLE RIVE BLVD. #608
JACKSONVILLE FL 32256

55053371

2. Principal Place of Business

10023 BELLE RIVE BLVD
Suite, Apt. #, etc.
1403

3. Mailing Address

10023 BELLE RIVE BLVD
Suite, Apt. #, etc.
1403

☐ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

03-0488781

Applied For

Not Applicable

Zip

32256

Country

DUVAL

Zip

32256

Country

DUVAL

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

CAMP, RICHARD N CPA
4110 SOUTHPPOINT BLVD. #206
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
RAJKUMAR K. KARTHIKEYAN
Street Address (P.O. Box Number is Not Acceptable)
10023 BELLE RIVE BLVD
#1403
City
JACKSONVILLE FL Zip Code
32256

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE 07/22/2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO CHIEF EXECUTIVE OFFICER (CFO)
RAJKUMAR K. KARTHIKEYAN
10023 BELLE RIVE BLVD #1403
JACKSONVILLE, FL 32256

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

TITLE
NAME
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CITY-ST-ZIP
NA ☐ Delete

TITLE
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NA ☐ Change ☐ Addition

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]

SIGNATURE REQUIRED

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

DATE 07/22/2003

DAYTIME PHONE # (904) 283-5985

DATE

DAYTIME PHONE #

CR2E083 (4/03)



Attachment

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 26, 2003

ARMANY CONSULTING, LLC
10023 BELLE RIVE BLVD. #1403
JACKSONVILLE, FL 32256

55053371
#L02000027141

Subject: ARMANY CONSULTING, LLC

Reference Number: L02000027141

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/jg

ANNUAL REPORTS SECTION

Currently I have no employees.
[Signature]
(ARJUNAR KARTHIKEYAN)