

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90693 022 *****50.00

0065935

DOCUMENT # L02000030882

1. Entity Name
TEXAS OPS, LLC



Principal Place of Business
**204 SOUTH DILLARD STREET
SUITE 100
WINTER GARDEN FL 34787**

Mailing Address
**204 SOUTH DILLARD STREET
SUITE 100
WINTER GARDEN FL 34787**

2. Principal Place of Business

7680 UNIVERSAL BLVD.

Suite, Apt. #, etc.

SUITE 195

City & State

ORLANDO, FL.

Zip

32819

Country

USA

3. Mailing Address

7680 UNIVERSAL BLVD.

Suite, Apt. #, etc.

SUITE 195

City & State

ORLANDO, FL.

Zip

32819

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2302944

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, JOHN T
204 SOUTH DILLARD STREET
SUITE 100
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name

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

7680 UNIVERSAL BLVD

SUITE 195

City

ORLANDO

FL

Zip Code

32819

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **CHIEF MANAGER** ☐ Delete
NAME **RASHID RHOUPANI**
STREET ADDRESS **9103 CHARLES E. HIMPUS RD.**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **CHIEF FINANCE MANAGER** ☐ Delete
NAME **JOHN T. WALKER**
STREET ADDRESS **17529 DEER ISLE CIRCLE**
CITY-ST-ZIP **KILLARNEY, FL 34740**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **John T. Walker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03
Date

407-226-1433
Daytime Phone #

CR2E083 (10/02)