

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90104 007 ****50.00

DOCUMENT # L02000031844

1. Entity Name

NISHCRA, LLC



Principal Place of Business

**908 GRANDVIEW BLVD.
FORT PIERCE FL 34952**

Mailing Address

**908 GRANDVIEW BLVD.
FORT PIERCE FL 34952**

2. Principal Place of Business

908 GRANDVIEW BLVD

Suite, Apt. #, etc.

Fort Pierce Florida

City & State

34952 U.S.A.

Zip

Country

3. Mailing Address

P.O. Box 13390

Suite, Apt. #, etc.

Fort Pierce Florida

City & State

Zip

34979-3390

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-067-0685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOTKOVSKY, CRAIG
908 GRANDVIEW BLVD.
FORT PIERCE FL 34952**

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

9/15/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER mgr	<input type="checkbox"/> Delete
NAME	CRAIG SOTKOVSKY	
STREET ADDRESS	908 GRANDVIEW BLVD.	
CITY-ST-ZIP	FORT PIERCE, FLORIDA 34952	
TITLE	MANAGER mgr	<input type="checkbox"/> Delete
NAME	NISHI SOTKOVSKY	
STREET ADDRESS	908 GRANDVIEW BLVD.	
CITY-ST-ZIP	FORT PIERCE, FLORIDA 34952	
TITLE	MANAGER mgr	<input type="checkbox"/> Delete
NAME	SHEENA PATEL	
STREET ADDRESS	845 U.N. PLAZA APT G	
CITY-ST-ZIP	N.Y., N.Y. 10017	
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		<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		
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED

CRAIG W. SOTKOVSKY

9/15/03

Date

Daytime Phone #

772-370-9290

772-465-8363

CR2E083 (4/03)