

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

DOCUMENT # L02000033453

1. Entity Name

XAVI LLC



05-01-2003 90274 002 ****50.00

00004333

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7289 Garden Road

3. Mailing Address

c/o JCB Properties

Suite, Apt. #, etc.

3900, RCABld #5000

DO NOT WRITE IN THIS SPACE

City & State

Riviera Beach

City & State

Palm Beach Gardens

4. FEI Number

030502627

Applied For

Not Applicable

Zip

33404

Country

Palm Beach

Zip

33410

Country

Palm Beach

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARVIND KAPILA

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

127 SPINNAKER LANE

City

JUPITER

FL

Zip Code

33477

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

Arvind Kapila

4/15/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER (MGRM)
ARVIND KAPILA
127 SPINNAKER LANE
JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER (MGRM)
SNEH KAPILA
127 SPINNAKER LANE
JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MANAGING MEMBER (MGRM)~~
SETTY VIRALAM
800 HARBOUR ISLES COURT
NORTH PALM BEACH, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRABHAVATHI K. VIRALAM
800 HARBOUR ISLES COURT
NORTH PALM BEACH, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Arvind Kapila

4/15/03

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

Date

Daytime Phone #

CR2E083B (12/02)