

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000001252

1. Entity Name  
MUSHMENA MANAGEMENT, LLC



Principal Place of Business

305 N. MANGOUSTINE AVENUE, SUITE 200  
SANFORD, FL 32771

Mailing Address

305 N. MANGOUSTINE AVENUE, SUITE 200  
SANFORD, FL 32771



03022005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0983331

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIDA, MUBEEN H  
305 N. MANGOUSTINE AVENUE, SUITE 200  
SANFORD, FL 32771

**DO NOT WRITE  
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHIDA, MUBEEN H
STREET ADDRESS	305 N. MANGOUSTINE AVENUE, SUITE 200
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	MGRM
NAME	CHIDA, SHAHNAZ
STREET ADDRESS	305 N. MANGOUSTINE AVENUE, SUITE 200
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000344407  
04/29/05-80135-020 50.00

**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)(d), 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:

SHAHNAZ CHIDA M.D

4-27-05

407 321-1413

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

Date

Daytime Phone #