2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State

DOCUMENT # L0300001408 1. Entity Name PETROPLUS AMERICA, LLC)	03-19-200	04 90270 019 ***	150.00
Principal Place of Business 402 HIGHPOINT DRIVE COCOA, FL 32926		Mailing Address 402 HIGHPOINT DRIVE COCOA, FL 32926						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 201		01212004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Numb	<u> १</u> ८८८८	 	plied For t Applicable
Zip	Country	Zip	Count			of Status Desired	□ \$5.00 Add Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
96 WILLAF		Street Address		(P.O. Box Numb	er is Not Acceptable))		
COCOA, F	L 32922							
¹¶		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								
Fi De	ling Fee is \$50.00 ue by May 1, 2004						check payable to Department of State	
9.	MANAGING MEMB	S/MANAGERS 10.				ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, RAJENDRA 402 HIGHPOINT DRIVE COCOA, FL 32926	☐ Delete		· I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, SONIL 158 BLANDING BOULEVARD ORANGE PARK, FL 32073	HAH, SONIL 58 BLANDING BOULEVARD		E Et address -st-zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLDMAN, MITCHELL S 96 WILLARD ST.						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ 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.								