

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90071 006 ****50.00

DOCUMENT # L03000010120

1. Entity Name
ORLANDO/FLORIDA PETROLEUM, L.L.C.



Principal Place of Business
1675 RACHELS RIDGE LOOP
OCOE, FL 34761

Mailing Address
1675 RACHELS RIDGE LOOP
OCOE, FL 34761

24016545



2. Principal Place of Business

3. Mailing Address

02232004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0061631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, JAYESH
1675 RACHELS RIDGE LOOP
OCOE, FL 34761

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

02/23/04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PATEL, JAYESH
STREET ADDRESS 1675 RACHELS RIDGE LOOP
CITY-ST-ZIP OCOE, FL 34761 ☐ Delete

TITLE MGR
NAME Patel, Bhavut
STREET ADDRESS 1675 RACHELS RIDGE LOOP
CITY-ST-ZIP OCOE, FL 34761 ☐ Change ☒ Addition

TITLE MGR
NAME PATEL, KALPESH
STREET ADDRESS 1675 RACHELS RIDGE LOOP
CITY-ST-ZIP OCOE, FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME PATEL, PRADIP
STREET ADDRESS 1675 RACHELS RIDGE LOOP
CITY-ST-ZIP OCOE, FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

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

Date

Daytime Phone #

02/23/04