

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

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

**DOCUMENT # L03000012851**

1. Entity Name  
NINETEEN THIRTY SIX LLC.



Principal Place of Business  
5321 PAGNOTTA PLACE  
LUTZ, FL 33558 US

Mailing Address  
P.O. BOX 290382  
TAMPA, FL 33687-038 US



04192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2359682

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

KHAWAJA, NASER  
5321 PAGNOTTA PLACE  
LUTZ, FL 33558

**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           | KHAWAJA, NASER      |
| STREET ADDRESS | 5321 PAGNOTTA PLACE |
| CITY-STATE-ZIP | LUTZ, FL 33558      |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-STATE-ZIP |                     |
| TITLE          |                     |
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| STREET ADDRESS |                     |
| CITY-STATE-ZIP |                     |

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04/29/05-80117-012 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)(f), 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, OR AUTHORIZED REPRESENTATIVE

4/25/05

(813) 787-9811

Date

Daytime Phone #