

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90001 013 ****50.00

DOCUMENT # L03000013495

1. Entity Name
LORI DRIVE, LLC



Principal Place of Business
**5350 SPRING HILL DRIVE
SPRING HILL, FL 34606**

Mailing Address
**5350 SPRING HILL DRIVE
SPRING HILL, FL 34606**

64000001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
54-2106742

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SINGH, PARIKSITH
SINGH, PARIKSITH
5350 SPRING HILL DRIVE
SPRING HILL, FL 34606

Name **AGNES AUGELLO**
Street Address (P.O. Box Number is Not Acceptable)
5350 SPRING HILL DR

City **SPRING HILL** FL Zip Code **34606**

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 **Agnes Augello** **AGNES AUGELLO** DATE **3/15/04**

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** ☐ Delete
NAME **PARIKSITH SINGH**
STREET ADDRESS **5350 SPRING HILL DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **PARIKSITH SINGH** (352) 688-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #