

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90017 023 \*\*\*\*55.00

**DOCUMENT # L03000017873**

1. Entity Name  
**KUMARI V, LLC**



Principal Place of Business  
**5316 GOLF LINKS BLVD.  
ZEPHYRHILLS, FL 33541 US**

Mailing Address  
**5316 GOLF LINKS BLVD.  
ZEPHYRHILLS, FL 33541 US**

**20003440**



07012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**83-0359463**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

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

**BATRA, VEENA  
5316 GOLF LINKS BLVD.  
ZEPHYRHILLS, FL 33541**

**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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	RAM PARKASH BATRA
STREET ADDRESS	5316 GOLF LINKS BLVD.
CITY - ST - ZIP	ZEPHYRHILLS, FL 33541
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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:** Veena Batra  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_