

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90272 001 ***100.00

DOCUMENT # L03000017946

1. Entity Name
SONISH L.L.C.



Principal Place of Business
12402 MEMORIAL HIGHWAY
TAMPA, FL 33635-9518

Mailing Address
12402 MEMORIAL HIGHWAY
TAMPA, FL 33635-9518

30002376



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1087476

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, JAYANT
12402 MEMORIAL HIGHWAY
TAMPA, FL 33635-9518

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, JAYANT
12402 MEMORIAL HIGHWAY
TAMPA, FL 336359518

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, SONAL
12402 MEMORIAL HIGHWAY
TAMPA, FL 336359518

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, SUMITA
12402 MEMORIAL HIGHWAY
TAMPA, FL 336359518

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, ANISH
12402 MEMORIAL HIGHWAY
TAMPA, FL 336359518

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: Pravin D. Parth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/05

Date

813-932-4381

Daytime Phone #