

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90204 012 ****50.00

DOCUMENT # L03000018220

1. Entity Name
M&A, L.L.C.



Principal Place of Business
4704 WINDSOR AVENUE
ORLANDO, FL 32819

Mailing Address
4704 WINDSOR AVENUE
ORLANDO, FL 32819

24001889



2. Principal Place of Business

5485 B Kiekeman Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004

Chg-LLC

CR2E083 (10/03)

City & State

ORLANDO FL

City & State

4. FEI Number

06-1695863

Applied For

Not Applicable

Zip

32819

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

ALI, AKBAR
4704 WINDSOR AVENUE
ORLANDO, FL 32819

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

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
NAME
MGRM
ALI, AKBAR
Delete
STREET ADDRESS
4704 WINDSOR AVENUE
CITY-ST-ZIP
ORLANDO, FL 32819

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

TITLE
NAME
MGRM
ALI, MUMTAZ AKBAR
Delete
STREET ADDRESS
4704 WINDSOR AVENUE
CITY-ST-ZIP
ORLANDO, FL 32819

TITLE
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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 #

AKBAR ALI 1/16/04 321-217-4298