


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90226 046 ****50.00

DOCUMENT # L03000022544	
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1. Entity Name SALEHJEE INVESTMENTS, LLC	
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Principal Place of Business 2546 LAKE DEBRA DRIVE #24108 ORLANDO, FL 32835	Mailing Address 2546 LAKE DEBRA DRIVE #24108 ORLANDO, FL 32835
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24019455



03092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 20-0130225	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent PHILIP K. CALANDRINO, P.A. 29 EAST PINE STREET ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name: <u>Marya Salehjee</u> Street Address (P.O. Box Number is Not Acceptable): <u>2546 Lake Debra Drive #24108</u> City: <u>Orlando</u> State: <u>FL</u> Zip Code: <u>32835</u>
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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: Marya Salehjee (NOTE: Registered Agent signature required when reinstating) DATE: 3/9/04

**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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marya Salehjee **3/9/04** **407-529-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #