

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 18 PM 12:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



09132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
51-0474746

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SARUA, SHAKER
999 EAST COMMERCIAL BLVD.
OAKLAND PARK, FL 33334

**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 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SARUA, SHAKER
STREET ADDRESS 10910 NW 49 DRIVE
CITY - ST - ZIP CORAL SPRINGS, FL 33076

TITLE MGR
NAME SARUA, NINA
STREET ADDRESS 10910 NW 49 DRIVE
CITY - ST - ZIP CORAL SPRINGS, FL 33076

TITLE MGR
NAME SARUA, SAMIR
STREET ADDRESS 5523 NW 125 TERRACE
CITY - ST - ZIP CORAL SPRINGS, FL 33076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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09/18/07--01005--011 **50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #