

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90067 028 ****50.00

DOCUMENT # L03000027191

1. Entity Name
LUTHRA PROPERTIES, LLC



Principal Place of Business
**499 N. STATE ROAD 434, SUITE 2159
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**499 N. STATE ROAD 434, SUITE 2159
ALTAMONTE SPRINGS, FL 32714**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number

753124214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name **VIJAY KUMAR LUTHRA**

Street Address (P.O. Box Number is Not Acceptable)

499 N. SR. 434 # 2159

City **ALTAMONTE SPRINGS FL** Zip Code **32714**

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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete
NAME **VIJAY KUMAR LUTHRA**
STREET ADDRESS **499 N. SR. 434 # 2159**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

VIJAY K. LUTHRA **407**
4/26/04 **682 0886**