

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000027931

1. Entity Name  
GIFTS FOR LESS OF FLORIDA, LLC



Principal Place of Business

5995 W. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34747 US

Mailing Address

5995 W. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34747 US



04252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0105824

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIDDIQUI, FARRUKH  
5995 W. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34747

**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 MGR  
NAME SIDDIQUI, FARRUKH  
STREET ADDRESS 5995 W. IRLO BRONSON MEMORIAL HWY  
CITY-ST-ZIP KISSIMMEE, FL 34747

TITLE MGRM  
NAME MUMTAZ, MIR  
STREET ADDRESS 5995 W. IRLO BRONSON MEMORIAL HWY  
CITY-ST-ZIP KISSIMMEE, FL 34747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000356375  
05/04/05-80032-018 50.00

**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:

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

Date

Daytime Phone #

4/29/05 407-353-3163