

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/3.

FILED
May 26, 2004 8:00 am
Secretary of State

05-03-2004 90111 010 ****50.00

DOCUMENT # L03000029339

1. Entity Name

VIJAY ACCOUNTING SERVICES LLC



Principal Place of Business

**10143 BARNETT LOOP
PORT RICHEY FL 34668**

Mailing Address

**10143 BARNETT LOOP
PORT RICHEY FL 34668**

34007538



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1705488

Applied For

Not Applicable

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

**NEPPALLI, SAIBABU
10143 BARNETT LOOP
PORT RICHEY FL 34668**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME NEPPALLI, SAIBABU
STREET ADDRESS 10143 BARNETT LOOP
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE MGR ☐ Delete
NAME NEPPALLI, VIJAYACHANDRAN V
STREET ADDRESS 10143 BARNETT LOOP
CITY-ST-ZIP PORT RICHEY FL 34668

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

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Neppalli Saibabu

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

4/28/04

Date

Daytime Phone #