

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90001 011 ****50.00

DOCUMENT # L03000029809

1. Entity Name
JALA GA LLC



Principal Place of Business
**1647 MANCHESTER CT
NAPLES, FL 34109**

Mailing Address
**1647 MANCHESTER CT
NAPLES, FL 34109**

14020334



2. Principal Place of Business
WELSH CO FL INC

3. Mailing Address
2400 9th ST N

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
101

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34103 Country
U.S.A.

Zip
34103 Country
U.S.A.

07112004 Chg-LLC CR2E083 (10/03)

4. FEI Number
16-1680673 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, AJAY R
1647 MANCHESTER CT
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **6/1/04**

**Filing Fee is \$50.00
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
PATEL, AJAY R
STREET ADDRESS
1647 MANCHESTER CT
CITY-ST-ZIP
NAPLES, FL 34109 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
MGR
NAME
Patel, Ajay R, Patel Sunali A, Patel Roma A [JT TEN]
STREET ADDRESS
1647 Manchester Ct.
CITY-ST-ZIP
Naples, FL 34109 ☐ Change ☒ Addition

TITLE
MGR
NAME
GEORGE VUKOBRA TOVICH
STREET ADDRESS
90 WELSH CO FL
CITY-ST-ZIP
2400 9th ST N. NAPLES FL 34103 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*

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

6/1/04 **239-269-0126**
Date Daytime Phone #