

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033141

1. Entity Name
SAKHIL INVESTMENTS, LLC



Principal Place of Business Mailing Address
3405 NW 115 AVENUE 3405 NW 115 AVENUE
MIAMI, FL 33178 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE



01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0185767 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KILNANI, SURESH
3405 NW 115 AVENUE
MIAMI, FL 33178

**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 | MGRM |
| NAME | KHILNANI, SURESH |
| STREET ADDRESS | 3405 NW 115 AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33178 |
| TITLE | MGRM |
| NAME | SAKHRANI, MANOHAR |
| STREET ADDRESS | 3405 NW 115 AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33178 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1000000173327
01/07/05-80013-016 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 #