

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-26-2004 90052 007 ****50.00

DOCUMENT # L03000040903			
1. Entity Name LENN, LLC			
Principal Place of Business 1779 EARHART COURT DAYTONA BEACH, FL 32128		Mailing Address 1779 EARHART COURT DAYTONA BEACH, FL 32128	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 27-0070144		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SODHI, SARANJIT 1779 EARHART COURT DAYTONA BEACH, FL 32128		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
Zip Code		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 _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004			
Make check payable to Florida Department of State			
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
PRESIDENT SARANJIT SODHI 1779 EARHART CT. PORT ORANGE FL 32128			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Saranjit Sodhi		DATE: 04/20/04	
PRINTED NAME: SARANJIT SODHI		DAYTIME PHONE: (886) 304-9119	

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