

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041069

Entity Name: ORLANDO WHOLESALE, L.L.C.

FILED
Feb 12, 2005
Secretary of State

Current Principal Place of Business:

9456 2ND AVE.
TAFT, FL 32824

New Principal Place of Business:

1167 DOSS AVE
ORLANDO, FL 32809

Current Mailing Address:

9456 2ND AVE.
TAFT, FL 32824

New Mailing Address:

1167 DOSS AVE
ORLANDO, FL 32809

FEI Number: 20-0351983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISANI, SHAKIL
9456 2ND AVE.
TAFT, FL 32824 US

Name and Address of New Registered Agent:

ISANI, SHAKIL
1167 DOSS AVE
ORLANDO, FL 32809 US

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.

SIGNATURE: ISANI

02/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ISANI, SHAKIL
Address: 9456 2ND AVE.
City-St-Zip: TAFT, FL 32824

Title: MGRM (X) Delete
Name: MAWANI, YUSUF
Address: 9456 2ND AVE.
City-St-Zip: TAFT, FL 32824

Title: MGRM (X) Delete
Name: DESAI, HIREN
Address: 9456 2ND AVE.
City-St-Zip: TAFT, FL 32824

Title: MGRM (X) Delete
Name: ISANI, ZOHEB
Address: 9456 2ND AVE.
City-St-Zip: TAFT, FL 32824

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ISANI, SHAKIL
Address: 1167 DOSS AVE
City-St-Zip: ORLANDO, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHAKIL ISANI

PRE

02/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date