2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 90111 024 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000052711

1. Entity Name

BATIR CHERKEZOV LLC

Principal Place of Business	Mailing Address
48 OKAMATCHEE CIRCLE FT. WALTON BEACH FL 32548	48 OKAMATCHEE CIRCLE FT. WALTON BEACH FL 32548

2. Principal Place of Business	3. Mailing Address 716 Fairview DR. #D Fort Walton Beach FL 32547
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Fort Walton Beach	City & State Fort Walton Beach
Zip 32547 Country	Zip 32547 Country Okaloosa

4. FEI Number 539778192 ☐ 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
CHERKEZOV, BATIR 48 OKAMATCHEE CIRCLE FT. WALTON BEACH FL 32548	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 title 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	MGRM	☑ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	CHERKEZOV, BATIR		NAME	Cherkezov Batir	
STREET ADDRESS	48 OKAMATCHEE CIRCLE		STREET ADDRESS	716 Fairview DR. #D Fort Walton	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		CITY-ST-ZIP	Beach FL 32547	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #