

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90020 006 ****50.00

DOCUMENT # L03000052711

1. Entity Name

BATIR CHERKEZOV LLC



Principal Place of Business

48 OKAMATCHEE CIRCLE
FORT WALTON BEACH FL 32547

Mailing Address

716 FAIRVIEW DR
FORT WALTON BEACH FL 32547

2. Principal Place of Business

1710 Bennetts End

3. Mailing Address

1710 Bennetts End

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Walton Beach FL

City & State

Fort Walton Beach FL

Zip

32547

Country

Okaloosa

Zip

32547

Country

Okaloosa



1st MOORE

CR2E083 (10/04)

4. FEI Number

53-9778192

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

Name

Cherkezov-Batir

Street Address (P.O. Box Number is Not Acceptable)

1710 Bennetts End

Fort Walton Beach FL

City

FL

Zip Code

32547

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, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHERKEZOV, BATIR
716 FAIRVIEW DR #D
FORT WALTON BEACH FL 32547 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Cherkezov-Batir
1710 Bennetts End
Fort Walton Beach FL 32547 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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: Batir Cherkezov

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

04/11/05 (850) 243 7476

Date Daytime Phone #