2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-09-2004 90073 041 ****50.00

08312004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000053385

1. Entity Name
PRASHIELA ENTERPRISES, LLC

Principal Place of Business	Mailing Address
3101 HIGHWAY 441 S OKECHOBEE, FL 34974	3101 HIGHWAY 441 S OKECHOBEE, FL 34974

2. Principal Place of Business	3. Mailing Address
SUBWAY 817 VANDERBILT BEACH RD	← SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State
Zip: 34109 Country: U.S.A.	Zip Country

4. FEI Number 20-0487185 ☐ 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
PATEL, JAY 3101 HIGHWAY 441 S OKECHOBEE, FL 34974	Name: DESAI AJAYKUMAR Street Address (P.O. Box Number is Not Acceptable): 817, VANDERBILT BEACH RD City: NAPLES FL Zip Code 34109

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] 09/03/2004.
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, JAY 3101 HIGHWAY 441 S OKECHOBEE, FL 34974	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PRASHIELA 817 VANDERBILT BEACH RD NAPLES, FL 34109	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AJAYKUMAR DESAI 817 VANDERBILT BEACH RD NAPLES, FL, 34109	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
34010519
#L030000533355

DEAR SIR/MADAM.

KINDLY CONFIRM BLOCK 4 (FEI) NO. 20-0487185. Address & BOTH MGR IS stated correct IN BLOCK 9. THANK YOU. IF YOU NEED ANY other INFO. Please contact.

AJAY DESAI
(239) 254-7844. (Business)
(239) 287-8909. (cell)

Aerub