

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90145 015 *****50.00

DOCUMENT # L03000054437

1. Entity Name

HARDWICK AND BAIG ENTERPRISES, L.L.C.



Principal Place of Business

344 WEST FAIRBANKS AVE
WINTER PARK FL 32789

Mailing Address

344 WEST FAIRBANKS AVE
WINTER PARK FL 32789

14027109



MOORE

CR2E083 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-1092124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDWICK, SHAWNA L
2199 S. CONWAY ST.
APT. 1402
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

HARDWICK, SHAWNA L

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

344 W. FAIRBANKS AVE

City

WINTER PARK

FL

Zip Code

32789

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

Shawna Hardwick

7/29/04

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BAIG, RAFATH U
STREET ADDRESS 2199 S. CONWAY ST. #1402
CITY-ST-ZIP ORLANDO FL 32812

TITLE MGRM ☐ Delete
NAME HARDWICK, SHAWNA L
STREET ADDRESS 2199 S. CONWAY ST. #1402
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME BAIG, RAFATH U
STREET ADDRESS 344 W. FAIRBANKS AVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGRM ☒ Change ☐ Addition
NAME HARDWICK, SHAWNA L
STREET ADDRESS 344 W. FAIRBANKS AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

Shawna Hardwick

7/29/04

407-629-8267

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

Date

Daytime Phone #