

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000200 1. Entity Name GANJ, LLC	
--	---

Principal Place of Business 2814 W. WATERS AVE TAMPA, FL 33614	Mailing Address 2814 W. WATERS AVE TAMPA, FL 33614
--	--



03122006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0537777	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RELIANCE CONSULTING, LLC
3105 W. WATERS AVE
SUITE#105
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRANMANESH, MOHAMMAD R 2814 W. WATERS AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESFAHANIAN, FRESHTE 2814 W. WATERS AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11010001453087
11/16/05 00015-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **MOHAMMAD R IRANMANESH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

3-12-06 813-9338705