

FILED
Feb 03, 2005 8:00 am
Secretary of State

01-07-2005 90025 002 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000003231			
1. Entity Name SAARUSH, LLC			
Principal Place of Business 19002 AVE BAYONNES LUTZ, FL 33558		Mailing Address 19002 AVE BAYONNES LUTZ, FL 33558	
2. Principal Place of Business 2708 W. Waters Ave Suite, Apt. #, etc.		3. Mailing Address 2708 W. Waters Ave Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33614		Zip 33614	
Country US		Country US	
4. FET Number 20-0625624		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		7. Name and Address of New Registered Agent 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 fee if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, PRETTI 19002 AVE BAYONNES LUTZ, FL 33558 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, PRETTI 19002 AVE BAYONNES LUTZ, FL 33558 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, NEENA 19002 AVE BAYONNES LUTZ, FL 33558 ☐ 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
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
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: 		Date 1/5/05 Daytime Phone # 813-932-6337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			