

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-03-2005 90114 021 \*\*\*\*50.00

DOCUMENT # L04000009783

1. Entity Name  
SAM AND RAJ, L.L.C.



Principal Place of Business  
2004 SOUTH WAUKESHA STREET  
BONIFAY, FL 32425

Mailing Address  
2004 SOUTH WAUKESHA STREET  
BONIFAY, FL 32425



2. Principal Place of Business  
1102, 3rd St N.W.  
Suite, Apt. #, etc.

3. Mailing Address  
2004 S. Waukesha St  
Suite, Apt. #, etc.

01192005 Chg-LLC CR2E083 (10/03)

City & State Jasper, FL

City & State Bonifay, FL

4. FEI Number  
52-2438982

Applied For  
Not Applicable

Zip 32052 Country Hamilton

Zip 32425 Country Holmes

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

## 6. Name and Address of Current Registered Agent

VAGHMAR, SAMIR  
2004 SOUTH WAUKESHA STREET  
BONIFAY, FL 32425

## 7. Name and Address of New Registered Agent

Name VAGHMAR, SAMIR

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

2004 SOUTH WAUKESHA STREET

City BONIFAY

FL

Zip Code 32425

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 *S. Vaghmar*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME VAGHMAR, SAMIR  
STREET ADDRESS 2004 SOUTH WAUKESHA STREET  
CITY-STATE-ZIP BONIFAY, FL 32425

TITLE MGRM ☐ Delete  
NAME KHATRI, MAHESH  
STREET ADDRESS 2004 SOUTH WAUKESHA STREET  
CITY-STATE-ZIP BONIFAY, FL 32425

TITLE MGRM ☐ Delete  
NAME KHATRI, VIJAY  
STREET ADDRESS 2004 SOUTH WAUKESHA STREET  
CITY-STATE-ZIP BONIFAY, FL 32425

TITLE MGRM ☐ Delete  
NAME VAGHMAR, YOGINI  
STREET ADDRESS 2004 SOUTH WAUKESHA STREET  
CITY-STATE-ZIP BONIFAY, FL 32425

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

## 10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 600, Florida Statutes.

SIGNATURE: *S. Vaghmar*

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

1-19-05 386-792-3003

Date

Daytime Phone #