## **№2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**



**FILED** Mar 01, 2005 8:00 am Secretary of State

DOCUMENT # L04000030546  1. Entity Name OHM TALLAHASSEE LLC					03-01-2005 90021 011 ****50.00						
Principal Place of Business 1695 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303			Mailing Address 1695 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303		20016665						
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182005	Chg-LLC	CR2E	083 (10/03)			
City & State		City & State			4. FEI Numbe	<i>5</i> 508	6386	Z Ap	plied For at Applicable		
Zip	Country	Zip	Country			of Status Desired		\$5.00 Add			
	6. Name and Address of Co	ırrent Registered Agent			7. Name and	Address of New	Registered	Agent			
	T1011.5		Name.	Name- PATEL, SATISH R							
PATEL, SATISH R 1695 CAPITAL CIRCLE NW				Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32303			4	02	- MEADOW RIDGE DRIVE ALLAHASSEE FL Zip Code 3 2 3 1 Z						
			City	TA	LLAHI	4-SSE	€ FL	Zip Code	817		
	named entity submits this stater ions of registered agent.	ment for the purpose of changing its	<del></del>								
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating)  OATE											
Filing Fee is \$50.00 Due by May 1, 2005											
							ake check   da Departn	payable to nent of State	e		
D(	ue by May 1, 2005	AFMBERS (MANIA GERS	I 10			Flori	da Departn	nent of State	•		
9.	ue by May 1, 2005	// // // // // // // // // // // // //	10.			Flori		nent of State			
D(	ue by May 1, 2005  MANAGING N	/EMBERS/MANAGERS	10. TITLE NAME		7 405	ADDITION	da Departn	S Change	Addition		
9.  TITLE  NAME  STREET ADDRESS	MANAGING N MGR PATEL, SATISH R 4339 CREEKVIEW DR		TITLE NAME STREET ADDRESS		12 ME	ADDITION  EA DOW	ida Departn IS/CHANGE	Change	☐ Addition		
9.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	MANAGING N MGR PATEL, SATISH R 4339 CREEKVIEW DR DUBLIN, CA 94568	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		12 ME TALL	ADDITION  EA DOW	ida Departn IS/CHANGE	Change	☐ Addition		
9. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	MANAGING N MGR PATEL, SATISH R 4339 CREEKVIEW DR DUBLIN, CA 94568 MGR		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	40	TALL	ADDITION EADOW AHASS	RIDO	Change	□ Addition    23 ) 2  □ Addition		
9.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	MANAGING N MGR PATEL, SATISH R 4339 CREEKVIEW DR DUBLIN, CA 94568	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	40	TALL 2 ME	ADDITION EADOW AHASS	IS/CHANGE	FL 3  Whange  FL 3  Whange  FL 3	Addition  C 2312  Addition		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING N MGR PATEL, SATISH R 4339 CREEKVIEW DR DUBLIN, CA 94568 MGR PATEL, JAGRUTI S	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	40	TALL 2 ME	ADDITION EADOW AHASS	IS/CHANGE	FL 3  Whange  FL 3  Whange  FL 3	Addition  C 2312  Addition		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	MANAGING N MGR PATEL, SATISH R 4339 CREEKVIEW DR DUBLIN, CA 94568 MGR PATEL, JAGRUTI S 4339 CREEKVIEW DR DUBLIN, CA 94568 MGRM	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	40	TALL 2 ME	ADDITION EADOW AHASS	IS/CHANGE	FL 3  Whange  FL 3  Whange  FL 3	Addition  C 2312  Addition		
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	MANAGING N MGR PATEL, SATISH R 4339 CREEKVIEW DR DUBLIN, CA 94568 MGR PATEL, JAGRUTI S 4339 CREEKVIEW DR DUBLIN, CA 94568 MGRM	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	40 T	TALL 2 ME	ADDITION EADOW AHASS	IS/CHANGE	FL 3  Whange  FL 3  Whange  FL 3	Addition		
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I hereby certify that the information supplied with this filling 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:	2	125	105	(850	575-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA	TIVE I		Date		Daytime Phone #