

LIMITED PARTNERSHIP ANNUAL REPORT

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # **L04000038497**

1. Entity Name

BOSAROOP LLC



2011 Apr -11 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003B (1/11)

2. Principal Place of Business - No P.O. Box #

236 DOLCETTO DRIVE

Suite, Apt. #, ect.

3. Mailing Address

Suite, Apt. #, ect.

E-mail Address:

bosaroop@aol.com

To be used for future annual report notices

City & State

DAVENPORT, FL.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33897

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6.

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Saroop Boodram

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

236 Dolcetto Drive

City

Davenport

FL

Zip Code

33897

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

DATE

10.

Jan. - May 1 Fee is \$500
After May 1 Fee is \$900

MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.

GENERAL PARTNER INFORMATION

13.

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

Saroop, Boodram

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

Saroop, Shairoon

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

900200925669
04/11/11 60373 018
#121.56

DO NOT WRITE
IN THIS SPACE

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06/07/11--01018--005 **18.75

14. 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 and that I am a General Partner of a limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Boodram Saroop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

6/10/11 863-455-0068

STAPLE CHECK HERE