

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

05-02-2005 90124 032 ****50.00

DOCUMENT # L04000041194			
1. Entity Name OXFORD ENTERPRISES LLC			
Principal Place of Business 245 EAST GREEN STREET ENGLEWOOD, FL 34223 US		Mailing Address 245 EAST GREEN STREET ENGLEWOOD, FL 34223 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1202385		Applied For Not Applicable	
5. Certificate of Status Desired ☐		55.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FILEV, ALEXANDR 245 EAST GREEN STREET ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____			
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 ROMANENKO, YURI 245 EAST GREEN STREET ENGLEWOOD, FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FILEV, ALEXANDR 245 EAST GREEN STREET ENGLEWOOD, FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: <i>Alex Filev</i>		<i>[Signature]</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____ Days in Prison _____	

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