

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000055803

1. Entity Name  
BITAR, AGAMASU, LLC



Principal Place of Business  
1355 S INTERNATIONAL WAY  
SUITE 1481  
LAKE MARY, FL 32746 US

Mailing Address  
1355 S INTERNATIONAL WAY  
SUITE 1481  
LAKE MARY, FL 32746 US



01252008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1424294

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BITAR, JAY B  
1355 S INTERNATIONAL WAY  
SUITE 1481  
LAKE MARY, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000804427  
02/05/08-80067-025 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                |                                       |
|----------------|---------------------------------------|
| TITLE          | P                                     |
| NAME           | BITAR, JAY                            |
| STREET ADDRESS | 1355 S INTERNATIONAL PKWY, SUITE 1481 |
| CITY-ST-ZIP    | LAKE MARY, FL 32746                   |
| TITLE          | VP                                    |
| NAME           | AGAMASU, JACOB MD                     |
| STREET ADDRESS | 1355 S INTERNATIONAL PKWY, SUITE 1481 |
| CITY-ST-ZIP    | LAKE MARY, FL 32746                   |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |

**DO NOT WRITE  
IN THIS SPACE**

11. 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; 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: \_\_\_\_\_

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

Date

Daytime Phone #

1-25-08

407 804 9199