

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90048 005 ****50.00

DOCUMENT # L04000070202

1. Entity Name
GRANT & SAMARGYA, LLC



Principal Place of Business
**123 NORTH APOPKA AVENUE
INVERNESS, FL 34450 US**

Mailing Address
**123 NORTH APOPKA AVENUE
INVERNESS, FL 34450 US**

20000046



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1637997	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

**GRANT, WILLIAM J
123 NORTH APOPKA AVENUE
INVERNESS, FL 34450**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRANT, WILLIAM J
STREET ADDRESS	123 NORTH APOPKA AVENUE
CITY-ST-ZIP	INVERNESS, FL 34450

TITLE	MGRM
NAME	SAMARGYA, MILAN
STREET ADDRESS	123 NORTH APOPKA AVENUE
CITY-ST-ZIP	INVERNESS, FL 34450

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1/5/06 **352 726 5111**
Date Daytime Phone #