

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**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

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**



01092007 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

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	
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U00000591514  
01/19/07-80026-021 50.00

**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

1/9/07 352-726-5111

Date

Daytime Phone #