

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000025087

1. Entity Name  
CACTUS GROUP, LLC



Principal Place of Business  
805 SOUTH KIRKMAN ROAD  
SUITE 103  
ORLANDO, FL 32811

Mailing Address  
807 GULLBERRY LN  
ALTAMONTE SPRINGS, FL 32714 US

**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3297317

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

WARES, MIA  
807 GULLBERRY LANE  
ALTAMONTE SPRINGS, FL 32714

**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**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARES, MIA 807 GULLBERRY LN ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAIDER, SHARIF M 1801 GRAND ISLE CIRCLE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALAM, MAHBUBUL 403 MINDY LANE PISCATAWAY, NJ 08854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART RAHMAN, ABU M 325 WEMBLEY CIRCLE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART HASSAN, SHAIK 807 GULLBERRY LN ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART KAZI, MAIN M 6702 BOWIE DR. SPRINGFIELD, VA 22150

U000000953724  
07/09/08-80003-009 138.75

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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

7/7/08

Date

407-253-7771

Daytime Phone #