

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000065502

1. Entity Name
PIDURU, PALMER & AL'KAFAJI, P.L.



Principal Place of Business
7515 STATE ROAD 52, #102
HUDSON, FL 34667

Mailing Address
7515 STATE ROAD 52, #102
HUDSON, FL 34667



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3115703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PIDURU, MALLIK A
7515 STATE ROAD 52, #102
HUDSON, FL 34667

**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

U000000943942
05/29/08-80079-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PIDURU, MALLIK A
STREET ADDRESS 7515 STATE RD 52, STE 102
CITY-ST-ZIP HUDSON, FL 34667

TITLE MGRM
NAME PALMER, KEVIN
STREET ADDRESS 7515 STATE RD 52, STE 102
CITY-ST-ZIP HUDSON, FL 34667

TITLE MGRM
NAME AL'KAFAJI, AZIZ
STREET ADDRESS 7515 STATE RD 52, STE 102
CITY-ST-ZIP HUDSON, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #