

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90241 040 ****50.00

DOCUMENT # L05000120570 1. Entity Name JACKSONVILLE MANDAL, LLC					
Principal Place of Business 7500 MERRILL ROAD JACKSONVILLE, FL 32211			Mailing Address 3608 MARCH PARK COURT JACKSONVILLE, FL 32257		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3512 WATERCHASE WAY E Suite, Apt. #, etc.			
City & State		City & State JACKSONVILLE, FL		4. FEI Number 20-3957417	
Zip 32224	Country	Zip 32224	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEEKIN, DAVID J ESQ. 8705 PERIMETER PARK BOULEVARD SUITE 8 JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNIL BHIKHA 3608 MARSH PARK COURT JACKSONVILLE, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BHAGIRATH BHIKHA 3512 WATERCHASE WAY E JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Bhagirath Bhikha <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				2-22-06 9042544406 <small>Date Daytime Phone #</small>	

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