

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90123 037 \*\*\*\*50.00

DOCUMENT # L06000024593

1. Entity Name

DEV BUSINESS LLC.



Principal Place of Business

8016 SW 62ND COURT  
OCALA FL 34476  
US

Mailing Address

8016 SW 62ND COURT  
OCALA FL 34476  
US



2. Principal Place of Business - No P.O. Box #

9251 S. HWY 314 A

3. Mailing Address

6222 SW 80th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Ocklawaha, FL

City & State

Ocala, FL

4. FEI Number

20-4451739

Applied For

Not Applicable

Zip

32179

Country

Marion

Zip

34476

Country

Marion

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATIDAR, SAMUEL S  
8016 SW 62ND COURT  
OCALA FL 34476

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: PATIDAR, SAMUEL S  
STREET ADDRESS: 8016 SW 62ND COURT  
CITY-ST-ZIP: Ocala FL 34476 ☐ Delete

TITLE: MGR  
NAME: PATEL, JITENDRA J  
STREET ADDRESS: 807 RIDGE AVENUE  
CITY-ST-ZIP: WILDWOOD FL 34785 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGR  
NAME: Patidar, Samuel S.  
STREET ADDRESS: 6222 SW 80th Lane  
CITY-ST-ZIP: Ocala, FL 34476 ☒ Change ☐ Addition

TITLE: MGR  
NAME: Patel, Rajesh M.  
STREET ADDRESS: 7849 SW 63rd Ave. Rd.  
CITY-ST-ZIP: Ocala, FL 34476 ☐ Change ☒ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Samuel Patidar Samuel Patidar 03/03/07 352-873-4519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #