

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 17, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000041571

1. Entity Name
TRUE FRIENDS, L.L.C.



Principal Place of Business

4001 W SILVER SPGS BLVD
OCALA, FL 34482

Mailing Address

4001 W SILVER SPGS BLVD
OCALA, FL 34482



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4759818

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, JAYMINI S
2551 SW 35TH STREET
OCALA, FL 34474

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PATEL, JAYMINI S
STREET ADDRESS 2551 SW 35TH STREET
CITY-ST-ZIP Ocala, FL 34474

TITLE MGRM
NAME PATEL, RASHIK
STREET ADDRESS 324 SE 36TH LANE
CITY-ST-ZIP Ocala, FL 34471

TITLE MGRM
NAME KOHLI, NAGESH
STREET ADDRESS 2020 SE 44TH LANE
CITY-ST-ZIP Ocala, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000787781
01/18/08-80013-012 138.75

**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: *Rashik Patel*

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

1-15-2008 (352)622-5330

Date

Daytime Phone #