


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90096 046 ***138.75

DOCUMENT # L07000051457 1. Entity Name B.DUB PARTNERS CLEARWATER LLC																																																																																											
Principal Place of Business 21688 US HIGHWAY 19 N CLEARWATER, FL 33755			Mailing Address 21688 US HIGHWAY 19 N CLEARWATER, FL 33755																																																																																								
2. Principal Place of Business - No P.O. Box # 30 TRI COUNTY PARKWAY		3. Mailing Address 30 TRI COUNTY PARKWAY																																																																																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																									
City & State CINCINNATI, OH		City & State CINCINNATI, OH		4. FEI Number 26-0215232																																																																																							
Zip 45246		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																							
6. Name and Address of Current Registered Agent PATEL, JITENDRA 21688 US HIGHWAY 19 N CLEARWATER, FL 33755		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 <u>Jitendra Patel</u> 7/8/08 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																											
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.		Make check payable to Florida Department of State																																																																																							
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BHAKTA, KANTILAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 MANSION ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LOUISIANA, NO 63353</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATEL, JITENDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21688 US HIGHWAY 19 N</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLEARWATER, FL 33755</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATEL, RAVINDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16606 VILLALENDA DE AVILA</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33613</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATEL, SANMUKH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>180 PINNACLE PEAK</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FAIRFIELD, OH 45014</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BHAKTA, KANTILAL		STREET ADDRESS	201 MANSION ST		CITY - ST - ZIP	LOUISIANA, NO 63353		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	PATEL, JITENDRA		STREET ADDRESS	21688 US HIGHWAY 19 N		CITY - ST - ZIP	CLEARWATER, FL 33755		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	PATEL, RAVINDRA		STREET ADDRESS	16606 VILLALENDA DE AVILA		CITY - ST - ZIP	TAMPA, FL 33613		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	PATEL, SANMUKH		STREET ADDRESS	180 PINNACLE PEAK		CITY - ST - ZIP	FAIRFIELD, OH 45014		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u>Sanmukh Patel mgrm</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>7/8/08</u> Daytime Phone # <u>513.771.3565</u>																																																																																							