

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**
Apr 18, 2008 8:00 am
Secretary of State

03-20-2008 90178 030 ***138.75

DOCUMENT # L07000079135 1. Entity Name MALIKA'S IMPORTS LLC					
Principal Place of Business 2633 MARLETTE STREET SARASOTA, FL 34231			Mailing Address 2633 MARLETTE STREET SARASOTA, FL 34231		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0640564 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				02252008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent AMMARI, MALIKA 2633 MARLETTE STREET SARASOTA, FL 34231			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 _____ (NOTE: Registered Agent signature required when re-appointing) Signature, typed or printed name of registered agent and title if applicable DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMMARI, MALIKA 2633 MARLETTE STREET SARASOTA, FL 34231	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVAN, ROBERT H 2633 MARLETTE STREET SARASOTA, FL 34231	☐ 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
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>MALIKA AMMARI</u>			<u>3/6/08</u> 941-921-9696		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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