L10000091678

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(Business Entity Name)

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Detail by Entity Name

Florida Limited Liability Company

ILIS, LLC.

Filing Information

Document Number	L10000091678
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Event Date Filed	11/10/2010
Event Effective Date	NONE

27-3371052 1

THIS LLC DID NOT SUBMIT A FEI # IN S.O.S. THAT IS NEEDED TO REGISTER IN OUR SYSTEM.

Principal Address

4226 BELLE GROVE COURT
BELLE ISLE FL 32812 US

Mailing Address

4226 BELLE GROVE COURT
BELLE ISLE FL 32812 US

Registered Agent Name & Address

KOSMERLJ, DAVID
3203 TIMUCUA CIRCLE
ORLANDO FL 32837 US

Manager/Member Detail

Name & Address

Title MGRM

KOSMERLJ, DAVID
3203 TIMUCUA CIRCLE
ORLANDO FL 32837 US

Title MGRM

HRKALOVIC, ALEKSANDAR

NEXT

Form **SS-4** (Rev. January 2010)

Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN 27-3370521

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
RJ9, LLC

2 Trade name of business (if different from name on line 1) | 3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
4225 BELLE GROVE COURT | 5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
BELLE ISLE, FL 32812 | 5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located
ORANGE FLORIDA

7a Name of responsible party
DAVID KOSMERLJ | 7b SSN, ITIN, or EIN
247-65-7264

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☑ No | 8b If 8a is "Yes," enter the number of LLC members ▶ 1

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

8a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☑ Other (specify) ▶ DISREGARDED ENTITY
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9 Reason for applying (check only one box)

- ☑ Started new business (specify type) ▶ RENTING OUT WAREHOUSE
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year). See instructions.
AUGUST 31, 2010

11 Closing month of accounting year. DECEMBER

12 Highest number of employees expected in the next 12 months (enter -0- if none).
If no employees expected, skip line 14.

Agricultural	Household	Other
0	0	0

13 If you expect your employment tax liability to be $1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be $1,000 or less if you expect to pay $4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐

14 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶

15 Check one box that best describes the principal activity of your business.

- ☐ Construction ☑ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
- ☑ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
- ☐ Other (specify)

16 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
RENTING OF WAREHOUSE FACILITY

17 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☑ Yes ☐ No
If "Yes," write previous EIN here ▶ 20 | 8026476

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: REBECCA L WILLIAMS | Designee's telephone number (include area code): (407) 851-4837

Address and ZIP code: 7130 S ORANGE BLOSSOM TR, STE 111, ORLANDO, FL, 32809 | Designee's fax number (include area code): (407) 851-1277

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Applicant's telephone number (include area code): (407) 496-8770

Name and title (type or print clearly) ▶ DAVID KOSMERLJ, MANAGING MEMBER | Applicant's fax number (include area code): ( )

Signature ▶ | Date ▶ 11/9/10

Malave, Erin

From: Seidel, Marijke V [mseidel@paychex.com]
Sent: Tuesday, December 14, 2010 7:04 PM
To: CorpAddressChange
Subject: EIN update for Sunbiz.org

Attachments: Scan001.PDF

Scan001.PDF
(197 KB)

Good afternoon,

A current client of ours asked me to forward this IRS information to you.

Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?

They just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.

If you have any questions, please feel free to call me or the client.

Client Contact: Bao Huynh Tel# 612-396-8602

Thank you for your time.

Marijke Seidel
Paychex Inc
Sales Assistant
Tel # 800-532-4980 ext. 22750
Fax # 877-884-0645