

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -9 PM12:16

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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000727

NAIDIP, L.C.
11016 N. DALE MABRY HWY.
TAMPA FL 33618-3802

1a. Principal Place of Business Address

11016 N. DALE MABRY HWY.
TAMPA FL 33618

2. Principal Place of Business

6800 N. DALE MABRY

2a. Mailing Address

6800 N. DALE MABRY

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

#209

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33613

Country

USA

Zip

33613

Country

USA

3. Date Organized or Qualified

09/20/1995

3a. State of Formation

FL

4. FEI Number

59-3362391

☐ Applied For

☐ Not Applicable

5. Date of Last Report

01/27/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

PATEL, PRADIP C
11016 N. DALE MABRY HWY.
TAMPA FL 33618

8. Name and Address of New Registered Agent/Office

Name

PRADIP C. PATEL

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

6800 N. DALE MABRY

Suite, Apt. #, etc.

#209

City

TAMPA

Zip Code

FL

33613

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PATEL, PRADIP C	11016 N. DALE MABRY HWY.	TAMPA FL
			600002454636--2 -03/12/98--01005--017 ****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Pradip C Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #