
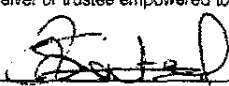


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000000019</b> 1. Entity Name <b>SARRK ENTERPRISES, L.C.</b>		
Principal Place of Business <b>1101 CHANNELSIDE DRIVE, #241 TAMPA, FL 33602</b>	Mailing Address <b>18305 WEYBURN AVE TAMPA, FL 33647</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  <b>PATEL, NILESH M 115 S. WILLOW AVE. TAMPA, FL 33606</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, SARJU R 18305 WEYBURN AVE TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, ANITA S 18305 WEYBURN AVE TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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></u> <u>04/05/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3418215**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

000000145674  
06/03/04-80035-017 50.00

**DO NOT WRITE  
IN THIS SPACE**