

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003182

1. Entity Name
MIRAN INVESTMENT GROUP, L.L.C.



Principal Place of Business
254 CR. 427 SOUTH
SUITE 126
LONGWOOD, FL 32750

Mailing Address
254 CR. 427 SOUTH
SUITE 126
LONGWOOD, FL 32750



06022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2176880

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORCE, KEN
254 CR. 427 SOUTH
SUITE 126
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SHANTA LIMITED
254 CR. 427 SOUTH, STE. 126
LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

1100000162107
06/04/04-80001-016 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6-2-04

Date

407-265-9792

Daytime Phone #