

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003677

1. Entity Name

DAYTONA MALL, L.L.C.

FILED
01 JAN 11 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten: 2/1/16

Principal Place of Business

1056 EDMISTON PLACE
LONGWOOD FL 32779

Mailing Address

1056 EDMISTON PLACE
LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3583132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGGARWAL, KULDEEP C
1056 EDMISTON PLACE
LONGWOOD FL 32779

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM AGGARWAL, KULDEEP C
STREET ADDRESS 1056 EDMISTON PLACE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE NAME ☐ Change ☐ Addition
600003552856--5
-01/18/01--01010--023
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGRM AGGARWAL, ASHOK K
STREET ADDRESS 1056 EDMISTON PLACE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Handwritten Signature: Ashok K Aggarwal

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

1/8/01 904 253 0101

Date

Daytime Phone #

CR2E083 (11/00)