

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90166 016 ****50.00

DOCUMENT # L9900005262 ✓
1. Entity Name
CHLORALKALI CONSULTANTS LLC

DO NOT WRITE IN THIS SPACE

943863

2. Principal Place of Business
4154 Sinclair PL
Suite, Apt. #, etc.

3. Mailing Address
4154 Sinclair PL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Land O' Lakes FL

City & State
LAND O LAKES, FL

4. FEI Number

Applied For

Not Applicable

Zip
34639

Country
USA

Zip
34639

Country
USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HARSHAD PATEL

Street Address (P.O. Box Number is Not Acceptable)
4154 Sinclair PL

City
Land O' Lakes FL Zip Code
34639

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.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Partner	BINDU PATEL	
		4154 Sinclair PL	
		Land O Lakes, FL	34639
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
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
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: Harshad Patel

APRIL 17, 2002 813-235-9053

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

Date

Daytime Phone #