

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90099 036 ****50.00

DOCUMENT # L99000008969

1. Entity Name
TAVAKOLI ENTERPRISES, L.L.C.



Principal Place of Business
1814 BEARSS AVENUE
TAMPA, FL 33613

Mailing Address
1814 BEARSS AVENUE
TAMPA, FL 33613

20011515



02102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3613797

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAVAKOLI, AHMAD A
1814 BEARSS AVENUE
TAMPA, FL 33613

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TAVAKOLI, AHMAD
STREET ADDRESS	1814 BEARSS AVENUE
CITY - ST - ZIP	TAMPA, FL 33613
TITLE	P.D
NAME	Tavakoli Noysha Farin
STREET ADDRESS	1814 Bearss Ave.
CITY - ST - ZIP	Tampa, FL 33613
TITLE	VP TO
NAME	Staab Camellia
STREET ADDRESS	918 Hillcrest
CITY - ST - ZIP	Rochester, IL 62563
TITLE	S
NAME	Olsen Yassaman
STREET ADDRESS	14407 Muirfield Lane
CITY - ST - ZIP	Houston TX 77095
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: _____

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

Date

Daytime Phone #

N. Tanakoli N. TANAKOLI 2/10/05 813-962-3706