

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

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



01072008No Chg-LLC

CR2E083 (12/07)

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, NOUSHAFARIN
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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000773840
01/11/08-80013-017 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	TAVAKOLI, NOUSHAFARIN
STREET ADDRESS	1814 BEARSS AVENUE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VTD
NAME	STAAB, CAMELLIA
STREET ADDRESS	918 HILLCREST
CITY-ST-ZIP	ROCHESTER, IL 62563
TITLE	S
NAME	OLSEN, YASSAMAN
STREET ADDRESS	14407 MUIR FIELD 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 exemptions contained in Chapter 119, 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: *Tavakoli*

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

1-7-08

Date

Daytime Phone #