

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008969

FILED
Jan 09, 2009
Secretary of State

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

Current Principal Place of Business:

1814 BEARSS AVENUE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

1814 BEARSS AVENUE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3613797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVAKOLI, NOUSHAFARIN
1814 BEARSS AVENUE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: TAVAKOLI, NOUSHAFARIN
Address: 1814 BEARSS AVENUE
City-St-Zip: TAMPA, FL 33613

Title: VTD () Delete
Name: STAAB, CAMELLIA
Address: 918 HILLCREST
City-St-Zip: ROCHESTER, IL 62563

Title: S () Delete
Name: OLSEN, YASSAMAN
Address: 14407 MUIR FIELD LANE
City-St-Zip: HOUSTON, TX 77095

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NOUSHAFARIN TAVAKOLI

PD

01/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date