

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008969

**FILED**  
**Feb 12, 2012**  
**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  
**Name:** TAVAKOLI, NOUSHAFARIN  
**Address:** 1814 BEARSS AVENUE  
**City-St-Zip:** TAMPA, FL 33613

**Title:** VPTD  
**Name:** STAAB, CAMELLIA  
**Address:** 918 HILLCREST  
**City-St-Zip:** ROCHESTER, IL 62563

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

I hereby 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

PRES

02/12/2012

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