

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000071193

1. Entity Name
LMRJ, INC.



Principal Place of Business
5638 COLONIAL OAKS BLVD
SARASOTA, FL 34232

Mailing Address
5638 COLONIAL OAKS BLVD
SARASOTA, FL 34232



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0696737

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, NARENDRA M
5638 COLONIAL OAKS BLVD
SARASOTA, FL 34232

**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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATEL, NARENDRA M
STREET ADDRESS 5638 COLONIAL OAKS BLVD
CITY-ST-ZIP SARASOTA, FL 34232

TITLE STD
NAME PATEL, LAXMI N
STREET ADDRESS 5638 COLONIAL OAKS BLVD
CITY-ST-ZIP SARASOTA, FL 34232

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04/14/06-80036-001 150.00

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NARENDRA PATEL 2/28/06 0317
941-378-