

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000091837

**Entity Name:** THIARA ESTATES LLC

**Current Principal Place of Business:**

730 W. COLONIAL DR.  
ORLANDO, FL 32804

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC3884347264**

**Current Mailing Address:**

730 W. COLONIAL DR.  
ORLANDO, FL 32804

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THIARA, GURMAIL  
730 W. COLONIAL DR  
ORLANDO, FL 32804 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name THIARA, GURMAIL  
Address BEECHWOOD, 46 DANESCOURT ROAD  
City-State-Zip: TETTENHALL, WOLVERHAMPTON OC

Title MGRM  
Name THIARA, CHARANJIT  
Address BEECHWOOD, 46 DANESCOURT ROAD  
City-State-Zip: TETTENHALL, WOLVERHAMPTON OC

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GURMAIL THIARA**

**MGRM**

**04/24/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date