



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

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Annual Report: No filing fee if received by the due date.

Due no later than: 04/30/2025

SOS Control Number: 457480

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/13/2015

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

TITLI HONEY LLC
5620 W FAIRVIEW AVE
BOISE, ID 83706-1167

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

WILLIAM BELLIS
5620 W FAIRVIEW AVE
BOISE, ID 83706

WILLIAM BELLIS
5620 W Fairview Ave
Boise ID 83706

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

William Bellis

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Hemraj Patel	12915 Fremont Ave	Fremont CA 94538
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	BEENA Patel	5620 W Fairview Ave	Boise ID 83706
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	William Bellis	5620 W Fairview Ave	Boise ID 83706
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

William Bellis

(6) Date:

5/15/25

(7) Type/Print Name:

William Bellis

(8) Title:

5/15/25 Mgr.

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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