

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1 **FILED**
Apr 27, 2007 8:00 am
Secretary of State
 03-12-2007 90480 043 ***150.00

30005000



DOCUMENT # L06000056421					
1. Entity Name NAHSIK LLC					
Principal Place of Business 5139 DEESON PT CT LAKELAND, FL 33805 US			Mailing Address 5139 DEESON PT CT LAKELAND, FL 33805 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 76-0833240 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, HASHMUKH 5139 DEESSON PT CT LAKELAND, FL 33805			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named person 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		PATEL HASHMUKH		DATE 3/5/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATEL, HASHMUKH	NAME			
STREET ADDRESS	5139 DEESON PT CT	STREET ADDRESS			
CITY, ST, ZIP	LAKELAND, FL 33805	CITY, ST, ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENTA, ILA	NAME			
STREET ADDRESS	2127 EDGEWATER CIR SE	STREET ADDRESS			
CITY, ST, ZIP	WINTER HAVEN, FL 33880	CITY, ST, ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AMIN, DILIP	NAME			
STREET ADDRESS	106 CASTLE CT	STREET ADDRESS			
CITY, ST, ZIP	CLEMSON, SC 29631	CITY, ST, ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
11. 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 is true and accurate and that my 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:		PATEL HASHMUKH		DATE 3/5/07	
SIGNATURE AND TITLE OF PRINTED NAMES OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					