

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060889

Entity Name: LAKSHMI LLC

FILED
Jul 27, 2008
Secretary of State

Current Principal Place of Business:

6902 SW 20TH ST.
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

6902 SW 20TH ST.
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 20-5057697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, FEDERICO
1101 SW 22 AVENUE APT 4
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

COHEN, FEDERICO
1101 SW 22 TER
FORT LAUDERDALE, FL 33312 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: _____

07/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, FEDERICO
Address: 1101 SW 22 AVENUE APT 4
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM () Delete
Name: BORTAGARAY, LUIS D
Address: 6902 SW 20TH ST
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COHEN, FEDERICO
Address: 1101 SW 22 TER
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FEDERICO COHEN

MGR

07/27/2008

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