

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/23/2008-90123-022-\$138.75-\$138.75

FILED

08 MAY 19 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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DOCUMENT # L07000021148					
1. Entity Name YOGSHRI, LLC					
Principal Place of Business 416 EAST TENNESSEE ST. TALLAHASSEE, FL 32301		Mailing Address 416 EAST TENNESSEE ST. TALLAHASSEE, FL 32301			
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 65-1296904	
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 KASHYAP, DESAI 416 EAST TENNESSEE ST. TALLAHASSEE, FL 32301				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 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when transferring)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KASHYAP, DESAI		NAME		
STREET ADDRESS	416 EAST TENNESSEE ST		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32301		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINOD, BABARIYA		NAME		
STREET ADDRESS	1832 CAPITAL CIRCLE, N.E.		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32308		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAYSHRI, JOSHI		NAME		
STREET ADDRESS	1129 SANDIER RIDGE ROAD		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32317		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEERJA, PANDE		NAME		
STREET ADDRESS	1712 BRITTANY DAWN DR.		STREET ADDRESS		
CITY- ST- ZIP	SNELLVILLE, GA 30078		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BABARIYA, SHANTILAL J		NAME		
STREET ADDRESS	115 WILSON AVE		STREET ADDRESS		
CITY- ST- ZIP	RUTHERFORD, NJ 07070		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BABARIYA, RUSHI		NAME		
STREET ADDRESS	3285 BODMINMOOR DR		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32317		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: <u>Kashyap</u> _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					