

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022343

**FILED**  
**May 15, 2008**  
**Secretary of State**

**Entity Name:** SHAGUN, L.L.C.

**Current Principal Place of Business:**

4580 NW 107 AVENUE ATP 208  
MIAMI, FL 33172

**New Principal Place of Business:**

3850 NW 114 AVE  
MIAMI, FL 33178

**Current Mailing Address:**

4580 NW 107 AVENUE ATP 208  
MIAMI, FL 33172

**New Mailing Address:**

3850 NW 114 AVE  
MIAMI, FL 33178

**FEI Number:** 77-0673105      **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:**

KARNANI, JAIDEV SUNDERDAS  
4580 NW 107 AVENUE APT 208  
MIAMI, FL 33172    US

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

VASWANI, MOHAN  
3850 NW 114 AVE  
MIAMI, FL 33178    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: MOHAN VASWANI

05/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KARNANI, JAIDEV SUND, ERDAS  
Address: 4580 NW 107 AVENUE ATP 208  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: ASWANI, CHANDRU  
Address: 3850 NW 114 AVE  
City-St-Zip: MIAMI, FL 33178

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: CHANDRU ASWANI

MGRM

05/15/2008

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