

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004749

FILED
Apr 17, 2008
Secretary of State

Entity Name: DEVI SIDDHI ENTERPRISES, LLC

Current Principal Place of Business:

3829 ERIC CT
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

3829 ERIC CT
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3673271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SAROJ R
3829 ERIC CT
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, SAROJ R
Address: 3829 ERIC CT
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: PATEL, RAMESHCHANDRA F
Address: 3829 ERIC CT
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: PATEL, TRUSHANT R
Address: 10750 NORTHRIDGE CT
City-St-Zip: TRINITY, FL 34655

Title: MGRM () Delete
Name: PATEL, ALPESH R
Address: 3829 ERIC CT
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

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

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

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

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: SAROJ R PATEL

MGRM

04/17/2008

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