

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90333 015 ****50.00

DOCUMENT # L00000010445

1. Entity Name
SARANI L.L.C.



60047412

Principal Place of Business
**18305 WEYBURN AVE
TAMPA, FL 33647**

Mailing Address
**18305 WEYBURN AVE
TAMPA, FL 33647**

2. Principal Place of Business - No P.O. Box #
19046 BRUCE B. DOWNS BLVD

Suite, Apt. #, etc.
SUITE 301

City & State
TAMPA, FL

Zip
33647

Country
USA



04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3667550

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, NILESH M.
115 WILLOW AVENUE
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
NILESH M PATEL

Street Address (P.O. Box Number is Not Acceptable)
117 So. Willow Ave, Suite 200

City
TAMPA

State
FL

Zip Code
33606

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 *[Signature]* DATE 4/29/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATEL, ANITA S 18305 WEYBURN AVE TAMPA, FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19046 BRUCE B. DOWNS BLVD, SUITE 301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATEL, SARJU R 18305 WEYBURN AVE TAMPA, FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19046 BRUCE B. DOWNS BLVD, SUITE 301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **SARJU R. PATEL** Date 04/28/07 Daytime Phone # 813-240-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE