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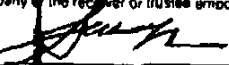
OAK TREE AP

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-05-2007 90207 001 *****5.00
 02-05-2007 90207 002 *****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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DOCUMENT # LD1000001572			
1. Entity Name SELVAM, PL			
Principal Place of Business 7102 N ARMENIA AVE. TAMPA, FL 33604		Mailing Address 7102 N ARMENIA AVE. TAMPA, FL 33604	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3704139		Applied For Not Applicable	
5. Certificate of Status Desired ☒ FL		Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent KUMAR, UTHAYA 7102 N ARMENIA AVE. TAMPA, FL 33604		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 certifies 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 _____			
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	MEM. MANAGING MEMBER ☒ Delete SELVANAYAGAM, UTHAYAKUMAR 7102 N ARMENIA AVE. TAMPA, FL 33604	TITLE NAME STREET ADDRESS CITY, ST, ZIP	MEM. MANAGING MEMBER ☒ Change ☐ Addition UTHAYA KUMAR 7102 N. ARMENIA AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MEM. MANAGER ☐ Delete UTHAYAKUMAR, JAGATHA 7102 N ARMENIA AVE. TAMPA, FL 33604	TITLE NAME STREET ADDRESS CITY, ST, ZIP	MANAGER. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE  UTHAYA KUMAR		1/31/07 (813)935-2080	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	