

2007-2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009108

1. Entity Name
DHRUV L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 20 AM 9:40

Principal Place of Business
4600 34TH STREET SOUTH
ST. PETERSBURG, FL 33711

Mailing Address
4600 34TH STREET SOUTH
ST. PETERSBURG, FL 33711

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

10012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1110460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, NARENDRA
4600 34 ST S
SAINT PETERSBURG, FL 33711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PATEL, NARENDRA
4600 34 ST S
SAINT PETERSBURG, FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PATEL, RASHMILA N
4600 34 ST S
SAINT PETERSBURG, FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400137168614
10/22/08--01034--006 **188.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PATEL, MUKUND D
9871 SAGO POINT DR
LARGO, FL 33777 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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: Narendra Patel / NARENDRA PATEL 10/14/08 727-866-0807

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

Date

Daytime Phone #