LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 12 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000010865

1. Entity Name

VEDA LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1660 S. Tamiami Trail	1660 S. Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Osprey FLORIDA	City & State: Osprey, FLORIDA
Zip: 34229 Country: USA	Zip: 34229 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1120433 — Applied For / Not Applicable

5. Certificate of Status Desired — F — $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: NILESH PATEL

Street Address (P.O. Box Number is Not Acceptable): 115 S. Willow Ave

City: Tampa 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.

SIGNATURE: [signature] 9-12-02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEI 651120433
Make Check Payable to Department of State
DOC EXP MAY 4

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*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRAVIN GADHIA, Mgmg Mbr, 1660 S. Tamiami Trail, Osprey, FL 34229
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAYESH PATEL, Mgmg Mbr, 1660 S. Tamiami Trail, Osprey, FL 34229
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAVINDRA PATEL, Mgmg Mbr, 1660 S. Tamiami Trail, Osprey, FL 34229
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.

SIGNATURE: [signature] 9-12-02 (941)966-212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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