

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000010914

1. Entity Name
SHAMBU TROMBO L.L.C.



Principal Place of Business
12106 STEPPINGSTONE BLVD.
TAMPA, FL 33635

Mailing Address
12106 STEPPINGSTONE BLVD.
TAMPA, FL 33635



03102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3751703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, CHIRAG V
12106 STEPPINGSTONE BLVD.
TAMPA, FL 33635

**DO NOT WRITE
IN THIS SPACE**

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 remitting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000477768
04/07/06-00001-012 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
PATEL, CHIRAG V
STREET ADDRESS
12106 STEPPINGSTONE BLVD.
CITY-ST-ZIP
TAMPA, FL 33635

TITLE
NAME
MGRM
PATEL, VIRENDRA C
STREET ADDRESS
12106 STEPPINGSTONE BLVD.
CITY-ST-ZIP
TAMPA, FL 33635

TITLE
NAME
MGRM
PATEL, USHA V
STREET ADDRESS
12106 STEPPINGSTONE BLVD.
CITY-ST-ZIP
TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: _____

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

VIRENDRA PATEL MGRM

3/19/06

Date

Daytime Phone #