

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90037 002 ***138.75

DOCUMENT # L02000008009

1. Entity Name
FLORIDA PROPERTY SOLUTIONS, LLC



Principal Place of Business
18107 NW COUNTY RD 239
P.O. BOX 1119
ALACHUA, FL 32616

Mailing Address
P.O. BOX 1119
ALACHUA, FL 32616



04252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3632044

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHURANA, MICHELE
18107 NW COUNTY RD 239
ALACHUA, FL 32615

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KHURANA, MICHELE
STREET ADDRESS	18107 NW COUNTY RD 239
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	MGRM
NAME	KHURANA, NAVEEN
STREET ADDRESS	18107 NW COUNTY RD 239
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	MGR
NAME	PALOMAR, NIMAI
STREET ADDRESS	18107 NW COUNTY RD 239
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	MGR
NAME	KHURANA, NILACALA
STREET ADDRESS	18107 NW COUNTY RD 239
CITY-ST-ZIP	ALACHUA, FL 32615
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 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:

N Khurana

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

Date

Daytime Phone #

4-28-08

366 418 2205