

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90106 023 ***138.75

DOCUMENT # L02000021114

1. Entity Name

ANJALI MANAGEMENT, LLC



Principal Place of Business

6320 OLD WINTER GARDEN ROAD
ORLANDO FL 32835

Mailing Address

6320 OLD WINTER GARDEN ROAD
ORLANDO FL 32835



2. Principal Place of Business - No P.O. Box #

6416 Old Winter Garden Rd.

3. Mailing Address

6416 Old Winter Garden Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

52-2387636

Applied For

Not Applicable

Zip

32835

Country

U.S.A

Zip

32835

Country

U.S.A

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

CORPDIRECT AGENTS, INC
515 EAST PARK AVENUE
TALLAHASSEE FL 32301

Robert L. Harding
Railey & Harding, P.A.
20 N. Eola Dr.
Orlando, FL 32801

Name

Robert L. Harding

Street Address (P.O. Box Number is Not Acceptable)

20 N. Eola Dr.

City

Orlando

FL

Zip Code

32801

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 reappointing)

2/28/08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME VYAS, INDRAJIT C
STREET ADDRESS 6320 OLD WINTER GARDEN ROAD
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Indrajit Vyas INDRAJIT VYAS

2/21/08

407.293.2930

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

Date

Daytime Phone #