

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021585

Entity Name: MIRO, LLC

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

2025 W. STATE ROAD 434
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2025 W. STATE ROAD 434
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 14-1843759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRO INC
535 JULIE LANE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOODA, NAUSHIK
Address: 535 JULIE LN
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: HOODA, NEELA
Address: 535 JULIE LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: HOODA, ROHAN
Address: 535 JULIE LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Change (X) Addition
Name: HOODA, MISHA
Address: 535 JULIE LANE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 HOODA

MGRM

04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date