

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030135

FILED
Aug 12, 2005
Secretary of State

Entity Name: EVEREST LAKESIDE FRENCH CLEANERS, LLC

Current Principal Place of Business:

LAKESIDE SHOPPES
5859 W. ATLANTIC AVE.
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

LAKESIDE SHOPPES
5859 W. ATLANTIC AVE.
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 22-3884046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARFI, SYED
7210 PIONEER LAKES CIRCLE
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

PRADHAN, SARITA
5859 W. ATLANTIC AVE.
DELRAY BEACH, FL 33484 US

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: SYED SHARFI

08/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAJBHANDARI, SHANKER
Address: 5859 W. ATLANTIC AVE.
City-St-Zip: DELRAY BCH., FL 33484

Title: MGR () Delete
Name: PRADHAN, SARITA
Address: 5859 W. ATLANTIC AVE.
City-St-Zip: DELRAY BCH., FL 33484

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SARITA PRADHAN

MGR

08/12/2005

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