

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000033453

1. Entity Name
KAVI LLC



Principal Place of Business
**8845 N MILITARY TRL STE 100
PALM BEACH GARDENS, FL 33410**

Mailing Address
**8845 N MILITARY TRL STE 100
PALM BEACH GARDENS, FL 33410**



01152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0502627

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAPILA, ARVIND MD
127 SPINNAKER LANE
JUPITER, FL 33477**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000854758
03/13/07-80073-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAPILA, ARVIND MD 127 SPINNAKER LANE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAPILA, SVEH 127 SPINNAKER LANE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIRALAM, SETTY G MD 127 SPINNAKER LANE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIRALAM, PRAGHAVATHI K 127 SPINNAKER LANE JUPITER, FL 33477

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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 608, Florida Statutes.

SIGNATURE: _____

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

Dr. Setty Viralam

2/28/07 (561) 478-4440

Date

Daytime Phone #