# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007964

ARJÚN D. ANEJA, MD, LLC



Principal Place of Business

325 CLYDE MORRIS BLVD **STE 300** 

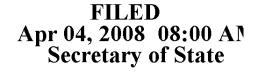
ORMOND BEACH, FL 32174

Mailing Address

325 CLYDE MORRIS BLVD

STE 300

ORMOND BEACH, FL 32174





### DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4239969 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

ANEJA, ARJUN D M.D. 325 CLYDE MORRIS BLVD **STE 300** ORMOND BEACH, FL 32174

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing the obligations of registered agent.</li></ol>	ng its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE Department Appet signature ago and when consistent)	DATE

(NOTE: Registered Agent signature required when reinstating)

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

000000881284 04/15/08-80095-016 138.75

#### MANAGING MEMBERS/MANAGERS MGR TITLE ANEJA, ARJUN D NAME 325 CLYDE MORRIS BLVD #300 STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TETLE 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:

2-28-46

386-672-6356

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

Date

Daylime Phone #