

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000013258**

1. Entity Name  
**JALICHA ENTERPRISES, L.L.C.**



Principal Place of Business  
**5210 FOREST EDGE CT.  
SANFORD, FL 32771 US**

Mailing Address  
**5210 FOREST EDGE CT.  
SANFORD, FL 32771 US**



04012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4248004**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MALLAISH, LENKALA R  
5210 FOREST EDGE CT.  
SANFORD, FL 32771**

**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 \_\_\_\_\_

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

U000000893348  
04/23/08-80086-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MALLAIAH, LENKALA R
STREET ADDRESS	5210 FOREST EDGE CT.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:** *Lenkala R Mallaiah*

**Lenkala R Mallaiah**

**407-330-9206** <sup>1091</sup>

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

Date

Daytime Phone #