

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016835

FILED
May 01, 2009
Secretary of State

Entity Name: ACHALA INVESTMENTS OF FLORIDA, LLC

Current Principal Place of Business:

30 COMPASS IS.
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

30 COMPASS IS.
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 55-0834399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

GUPTA, BHARAT K
30 COMPASS ISLE
FORT LAUDERDALE, FL 33308 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: MGR () Delete
Name: GUPTA, ACHALA
Address: 30 COMPASS ISLE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM () Delete
Name: GUPTA, MOHIT
Address: 30 COMPASS IS.
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM () Delete
Name: GUPTA, ANMOL
Address: 30 COMPASS IS.
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES:

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

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 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: ACHALA GUPTA

MGR

05/01/2009

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